



Pupil Data Collection Form



CHILD'S PERSONAL INFORMATION

SURNAME		FORENAME	
MIDDLE NAME(S)		CHOSEN NAME	
GENDER	Male / Female	DATE OF BIRTH	/ /

PARENT GUARDIAN/INFORMATION

TITLE		FORENAME		SURNAME	
HOME ADDRESS					
HOME PHONE				MOBILE NO	
EMAIL					

TITLE		FORENAME		SURNAME	
HOME ADDRESS (if different from above)					
HOME PHONE				MOBILE NO	
EMAIL					

OTHER CONTACT INFORMATION

TITLE		FORENAME		SURNAME	
HOME ADDRESS					
HOME PHONE				MOBILE NO	
RELATIONSHIP TO CHILD					

MEDICAL INFORMATION

DOCTOR'S NAME		MEDICAL HISTORY	
SURGERY			
TELEPHONE			

PREVIOUS SCHOOL INFORMATION (IF APPROPRIATE)

PREVIOUS SCHOOL NAME					
FROM	/	/	TO	/	/

PLEASE CIRCLE THE FOLLOWING CHOICES AS APPROPRIATE

ETHNICITY

White-British	White-Irish	White-Traveller	Gypsy/Romany	Any other White background
Indian	Pakistani	Bangladeshi	Mixed-White and Asian	
Black Caribbean	Mixed-White and Black Caribbean	Black African	Mixed-White and Black African	Any other Black background
Chinese ethnic	Any other Asian background	Any other ethnic background	Polish	I do not wish an background to be recorded

RELIGION

Christian	Buddhist	Hindu	Jewish	
Muslim	No religion	Sikh	Other	Roman Catholic

LANGUAGE

Arabic	Bengali	Cantonese	Chinese	English	French
German	Greek	Gujarati	Hindi	Italian	Polish
Punjabi	Spanish	Turkish	Urdu	Other	

EAL (English is an additional language)

YES /NO

TRIPS

To take part in Educational/Off Site visits.
To be given first aid or urgent medical treatment.

Please note the following important information before signing this form:

- The visits and activities covered by this consent include; low risk off-site visits. Examples include museum visits, activities in the local community or visits to the park.
- The school will send you information about each visit or activity before it takes place.
- You can, if you wish, tell the school that you do not want your child to take part in any particular visit or activity.

Written parental consent will not subsequently be requested from you for such off-site activities offered by the school.

INFORMATION PROVIDED BY _____

RELATIONSHIP TO CHILD _____

(please print)

SIGNED _____ **DATE** _____