

Data Collection Sheet

Please complete the information below

Surname:		Legal Surname:	
Forename:		Middle name:	
Chosen name:		Gender:	
Date of Birth:			
Address:			
Post Code:			
Telephone:			

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted in an emergency.

Priority	Name	Relationship	Home Address/Phone/Mobile	Work Address Phone/Email	Parental responsibility YES/NO
			Address: Tel: Mobile: Email:	Address Tel: Email:	YES/NO
			Address: Tel: Mobile: Email:	Address Tel: Email:	YES/NO
			Address: Tel: Mobile: Email:	Address Tel: Email:	YES/NO

Medical Practice:	
Address and Telephone Number:	

Medical Condition(s)

Medical Note(s)

Ethnicity :		Religion:	
First Language:		Pupil Nationality	

Service child in education - Yes/No (please circle)

Siblings in Kirkby High School – Yes/No

If yes please provide their names:

General Data Protection Regulation (GDPR): The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DfE. See our website for further details: <http://kirkbyhighschool.net/wp-content/uploads/2018/06/Parent-Privacy-Notice-KHS.pdf>

Signature:	Date:
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