

**GRAVELEY PRIMARY SCHOOL**

**DATA COLLECTION SHEET**

|   |   |
|---|---|
| <b>Last name:</b>                         | <b>Legal Last name:</b><br>(if different) |
| <b>Forename:</b>                          | <b>Middle Name:</b>                       |
| <b>Chosen Name:</b>                       |   |
| <b>Date of Birth (DD/MM/YYYY):</b>        |   |
| <b>Home address (including postcode):</b> |   |
| <b>Gender:</b>                            | <b>Nationality:</b>                       |
| <b>Language spoken at home:</b>           |   |

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Due to safeguarding regulations, we must have at least 2 emergency contacts. Please list in the order that you wish them to be contacted. These nominated people would need to be available at short notice in the event of an emergency.

|          | <b>Name</b> | <b>Relationship</b> | <b>Home address</b> | <b>Email address</b> | <b>Phone number</b> | <b>Work/<br/>alternative<br/>number</b> |
|----------|-------------|---------------------|---------------------|----------------------|---------------------|---|
| <b>1</b> |             |                     |                     |                      |                     |   |
| <b>2</b> |             |                     |                     |                      |                     |   |
| <b>3</b> |             |                     |                     |                      |                     |   |
| <b>4</b> |             |                     |                     |                      |                     |   |

**Details of previous school or pre-school**

|                                       |  |
|---------------------------------------|--|
| <b>Name of previous school:</b>       |  |
| <b>Address and telephone details:</b> |  |
| <b>Date joined school:</b>            |  |
| <b>Date left school:</b>              |  |

**Medical information**

|                   |  |
|-------------------|--|
| Doctor/Surgery:   |  |
| Address:          |  |
| Telephone number: |  |
| NHS number:       |  |

**Permission for emergency treatment**

I give permission for staff at Graveley School to obtain any medical treatment or assistance that may be necessary in the case of an emergency for my child. YES/NO

**Medical conditions**

Please indicate below if your child has any medical conditions that we should be aware of. These include conditions that require prescribed medication or those that would need modified or adapted provision. We may contact you to discuss these further.

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Dietary needs – if your child has an allergy or dietary need, please indicate below and we will contact you for further information.

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Meal arrangement - please tick the appropriate choice

|                  |  |                  |  |                   |  |
|------------------|--|------------------|--|-------------------|--|
| Free school meal |  | Paid school meal |  | Home packed lunch |  |
|------------------|--|------------------|--|-------------------|--|

**School trips**

I give/do not give permission for my child to attend local school trips. These will generally be in the immediate vicinity of the school site and will usually involve a short walk. These trips will always be thoroughly planned and well-staffed but may happen on a regular basis.

**R.E. (Religious Education)**

Schools have a statutory right to teach the RE curriculum, but parents can withdraw their children for all or part of the lesson.

Do you wish to withdraw your child from religious education lessons? YES/NO

Signature: \_\_\_\_\_

Date: \_\_\_\_\_