



# Marown Primary School - Data Collection Sheet

Child's Details			
Child's legal full name (as recorded on Birth Certificate):			
Child's chosen/known as/ preferred name:			
Male / Female	Child's Date of Birth		
Child's Home Address (Including Post Code):			

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

Parent / Guardian Contact Information			
1st Priority Contact	Name:		Mobile Tel:
	Relationship to child:		Home/Work Tel:
	Home Address:		
	Email Address:		
Legal Guardian? <input type="checkbox"/> Primary Guardian? <input type="checkbox"/> Authorised to collect? <input type="checkbox"/> Child lives with this contact? <input type="checkbox"/>			

2nd Priority Contact	Name:		Mobile Tel:
	Relationship to child:		Home/Work Tel:
	Home Address:		
	Email Address:		
Legal Guardian? <input type="checkbox"/> Primary Guardian? <input type="checkbox"/> Authorised to collect? <input type="checkbox"/> Child lives with this contact? <input type="checkbox"/>			

3rd Priority Contact	Name:		Mobile Tel:
	Relationship to child:		Home/Work Tel:
	Home Address:		
	Email Address:		
Legal Guardian? <input type="checkbox"/> Primary Guardian? <input type="checkbox"/> Authorised to collect? <input type="checkbox"/> Child lives with this contact? <input type="checkbox"/>			

### Language Proficiency

Child's first language:		Child's English proficiency:	Fluent	Basic
Other spoken languages and proficiencies:			Intermediate	None

### Medical Details

Name of Medical Practice:		Telephone No.	
My child has medically diagnosed allergies (especially severe reaction allergies)		Yes	No
My child has hearing/speech/language/visionary difficulties		Yes	No
My child has asthma requiring the use of an inhaler		Yes	No
My child takes regular medication at home		Yes	No
My child has another medical condition that the school should be aware of e.g. epilepsy/diabetes		Yes	No
My child has special dietary requirements		Yes	No
If the answer is YES to any of these questions, please provide details. Continue on a separate sheet if necessary.			

### Previous School/Nursery

Name:			
Address:			
Dates attended from:		To:	

Name of sibling(s) currently attending Marown Primary School

### Declaration

Please ensure your child's original Birth Certificate and proof of address (e.g. a utility bill) are submitted together with this completed form.

I confirm that I have read and understood this information and have completed all sections of this form. I agree to promptly notify the school office of any changes to these details (including a change of address) and to provide supporting documentation where required.

Parent Name: ..... Signature ..... Date .....

**Data Protection Act 2002: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and keep it up to date. The school is required to share some of the data with the Department of Education and Children.**