

### Data Collection Sheet

Please ensure that all relevant boxes are completed. Please provide us with a minimum of two people and their contact details for emergencies. Thank you.

Child's Legal Surname:		Child's Surname: (if different)	
Forename:		Middle name:	
Chosen name: (If different)		Gender:	
Date of Birth:		Class:	St. Edmund's SEND Unit
Home Address:			
Post Code:		Home 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.) **Please give a minimum of 2 contacts.**

Priority ? Please circle	Name/Relationship to child	Home Address/Phone/Mobile	Work Address & Phone (Including department or extension if applicable)
<b>1</b>  Or  <b>2</b>	<b><u>MOTHER / GUARDIAN</u></b>  Full Name:	Home Address:	Work Address:
	Parental responsibility: Yes / No	Tel:  Mobile:  Email:	Work Tel:
<b>1</b>  Or  <b>2</b>	<b><u>FATHER / GUARDIAN</u></b>  Full Name:	Home Address:	Work Address:
	Parental responsibility: Yes /No	Tel:  Mobile:  Email:	Work Tel:
<b>3</b>	Full Name:	Home Address:	Work Address:
	Relationship with child:	Tel:  Mobile:  Email:	Work Tel:
<b>4</b>	Full Name:	Home Address:	Work Address:
	Relationship with child:	Tel:  Mobile:  Email:	Work Tel:

<b>GP Name and Surgery</b>	
<b>Address:</b>	
<b>Telephone Number:</b>	

<b>Medical Conditions:</b>
<b>Disabilities:</b>
<b>Dietary Requirements:</b>

<b>Ethnicity:</b>		<b>Religion:</b>	
<b>Home Language:</b>		<b>Child First Language:</b>	
<b>Mother First Language</b>		<b>Father First Language</b>	
<b>Forces Family</b>	Yes / No	<b>NHS Number</b>	

**GDPR Act 2018:** 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.

<b>Signature:</b>	<b>Date:</b>
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