BARNDALE HOUSE SCHOOL - DATA COLLECTION SHEET

Surname:								
Forename(s):								
Chosen Name:								
Gender:								
Date of Birth:								
Address:								
Postcode:								
Telephone:								
Mobile:								
Email:								
NHS Number:								
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.								
Priority	Name/Relationship		Contact Det	Contact Details (Home)		Contact Details (Work)		
1								
2								
3								
Travel Ar	rangem	ents: My child wi	ll travel by:					
☐ Bicycle	_	🗖 Car	☐ ELB Bus	☐ Ferry	□ Taxi	☐ School Coach		
■ Walks								
Dietary Needs: Dietary Preferences: Meal Arrangements:								
Type of N		Mon	Tue	Wed	Thu	Fri		
School Meal								
Packed Lunch								
Home								
Medical Practice: Address:								
Telephone Number:								











Medical Conditions:						
Medical Notes:						
Pupil Assessed as Disabled:						
Ethnicity:						
Home Language:						
Religion:						
Data Protection Act 1998: The school is registered under the Data The school has a duty to protect this information and to keep it some of the data with the Education Authority and with DE.						
Signature:	Date:					









