

**CRANFORD C of E PRIMARY SCHOOL**  
**PUPIL DATA COLLECTION SHEET**

We collect and hold personal information relating to our pupils in order to:

- fulfil our functions in providing an education
- provide appropriate care for our pupils
- keep pupils safe
- comply with the statutory duties placed on us

Full details can be found in our Privacy Notice for Pupils. You can find a copy of this on the academy's website.

Please complete this form and return to the academy office.

<b>CHILD</b>			
Legal Surname of Child:		Preferred Surname:	
Legal Forename of Child:		Preferred Forename:	
Middle Name:		Date of Birth:	
Gender (please circle)	Male / Female	Previous school / academy: (if applicable)	
<b>PARENT / CARER 1</b>		<b>PARENT / CARER 2</b>	
Name:		Name:	
Relationship to Child:		Relationship to Child:	
Parental responsibility?	Yes / No	Parental responsibility?	Yes / No
Is there is a Court Order in Place		Yes / NO	If <b>YES</b> please provide a copy
<b>ADDRESS DETAILS - PARENT / CARER 1</b>		<b>ADDRESS DETAILS - PARENT / CARER 2</b>	
Please include an e-mail address as most academy communications are e-mailed [via a Parentmail service]		Please include an e-mail address as most academy communications are e-mailed [via a Parentmail service]	
Home Address incl postcode:		Home Address incl postcode:	
E-mail		E-mail	
Home Telephone:		Home Telephone:	
Mobile Telephone:		Mobile Telephone:	
Does the child live at this address?	Yes / No	Does the child live at this address?	Yes / No
<b>EMERGENCY CONTACTS INCLUDING PARENTS/CARERS - Please provide a minimum of 3</b>			
Name (in contact priority order):	Relationship to Child:	Phone Numbers:	
<b>PRIORITY 1</b>		Mobile:	
		Home:	
		Work:	
<b>PRIORITY 2</b>		Mobile:	
		Home:	
		Work:	
<b>PRIORITY 3</b>		Mobile:	
		Home:	
		Work:	

<b>POSITION OF CHILD IN FAMILY (please circle)</b>			
1	2	3	4 5
<b>OTHER CHILDREN IN THE FAMILY ATTENDING THE ACADEMY</b>			
Name:		Current class:	
Name:		Current class:	
Name:		Current class:	
<b>MEDICAL DETAILS</b>			
Doctors Name:		Surgery Tel. No:	
Surgery Name & Address:			
Medical Condition/s: (including allergies)			
<b>DIETARY REQUIREMENTS</b>			
Please tell us if your child has any particular dietary requirements (eg. Vegetarian, Halal, Vegan, No pork, etc)			
<b>ETHNICITY, LANGUAGE, ETC.</b>			
The collection of ethnically based data is becoming increasingly recognised as a means of identifying needs and thus ensuring fair and equal treatment for all. The information you are asked to give below is for educational purposes and will be used only to enhance the provision for all pupils in [Northampton] [Rutland] schools / academies.			
<b>FIRST LANGUAGE:</b>			
<b>LANGUAGES SPOKEN AT HOME:</b>			
<b>ETHNICITY - Circle one choice:</b>			
<b>WHITE -</b>	British / Irish / Any other White background		
<b>BLACK/BLACK BRITISH -</b>	Caribbean / Somali / Other Black African / Any other Black background		
<b>ASIAN/ASIAN BRITISH -</b>	Bangladeshi / Indian / Pakistani / Any other Asian background		
<b>MIXED/DUAL BACKGROUND -</b>	White & Asian / White & Black African / White & Black Caribbean / Any other mixed background		
<b>TRAVELLER BACKGROUND -</b>	Gypsy / Gypsy/Roma / Roma / Traveller of Irish heritage / Other Gypsy/Roma		
<b>OTHER BACKGROUND -</b>	Chinese / Vietnamese / Other ethnic group		
<b>REFUSE -</b>	I do not wish to record ethnic background		
<b>RELIGION:</b>	Buddhist / Christian / Hindu / Jewish / Muslim / Sikh / NO religion / Refused		
<b>DISABILITY - including NONE</b>			
<b>DISABILITY: YES / NO</b>	Full Name of person completing this form:		
<b>If Yes, please give details</b>			
	Signature of person completing this form:		
	Date:		