Please complete & return to school

NICHOLAS CHAMBERLAINE SCHOOL DATA COLLECTION SHEET

CONFIDENTIAL INFORMATION FOR SCHOOL RECORDS - PLEASE USE BLOCK CAPITALS THROUGHOUT AND COMPLETE ALL DETAIL

Student Name:		**Signature:**	
Parent / Carer Name:		**Signature:**	
Form completion date:			

STUDENT DETAILS

Surname:		Forename:		Form:	
Middle Name:		Chosen Name: (if applicable)			
Address:					
		Postcode:			
Date of Birth:		Male:		Female:	
Brother(s)/Sisters(s) in school:	Yes:		No:		
If Yes – Full Name:		Form:			
Full Name:		Form:			

PARENT / CARER DETAILS

A Legal Guardian is legally responsible for the child (either the natural parents or a court-appointed guardian). Even if there is a court order against that guardian, they may remain a legal guardian but would not necessarily need/want/be allowed to receive communication about that child. Parents would also remain legal guardians if the children are in care voluntarily.

A Primary Guardian has daily parental responsibility for the child, they receive updates on the academic affairs of the child and communication from the school.

Parents can be either a Primary or Legal Guardian, or they can be both at the same time.

Guardian 1
Please tick this box or both if this person is: Primary Guardian ☐ Legal Guardian ☐ for the child named above

Surname:		Forename:		Title:	
Address (if different):					
Postcode:		Home Tel No:			
		Mobile No:			
Relationship to student:		Email address:			
Place of work:		Work Tel No.			

Guardian 2
Please tick this box or both if this person is: Primary Guardian ☐ Legal Guardian ☐ for the child named above

Surname:		Forename:		Title:	
Address (if different):					
Post Code:		Home Tel No:			
		Mobile No:			
Relationship to student:		Email address:			
Place of work:		Work Tel No.			

Your privacy is very important to us and we take our responsibility regarding the security of personal information very seriously. In accordance with the changes to the Data Protection law (GDPR), effective from 25th May 2018. For more information on how we take care of your information please see our Data Protection, GDPR and Data Security Policy on our website under About > Key Information > Policies

PLEASE COMPLETE ALL SECTIONS ON THIS PAGE

It is very important that we can always make contact with a responsible adult in an emergency.

List in priority order names of **any other relevant adult(s)** that we can refer to if those names overleaf cannot be contacted:

Contact 3			
Name:			
Telephone Number:		Relationship to student:	
Contact 4			
Name:			
Telephone Number:		Relationship to student:	

ADDITIONAL INFORMATION

Name/Address of Doctor:		Tel No.	
Any medical information the school should be aware of:			

Usual way of travel between home and school: [please tick box]

Bicycle	☐	School Coach/Bus	☐	Walks	☐
Car / Van	☐	Taxi	☐	In Care	☐
Public Transport	☐	Train	☐	With which Education Authority	

Consent: [Please tick]

Photograph Permission	☐ **For use on school comms e.g. social media, website, newsletter**
Cashless Catering Biometric	☐ **Your child will not be able to purchase food at school if you do not tick this box to express consent**

ETHNIC ORIGIN: [PLEASE TICK]

AAO	Any other Asian background	BLG	Any other Black background	OEO	Any other Ethnic Group
ABA	Bangladeshi	CHE	Chinese	WHA	Any other White background
AIN	Indian	MBA	White/Black African	WHB	British
APK	Pakistani	MOT	Any other mixed background	WHR	Irish
BLB	Black Caribbean	MWA	White/Asian	WHT	Traveller-Irish Heritage
BLF	African	MWB	White/Black Caribbean	WRO	Gypsy/Roma

Country of Birth:		Nationality	
Language at home if not English:		Religion:	
Previous School Name:		Date of Leaving:	