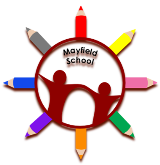
**Mayfield School

*Updated May 2018*

*Pupil Data Collection Sheet*

## Please complete all sections of this form for our records giving details of parental responsibility, emergency contacts and other essential data

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pupil’s Surname |  | | | | | | | | | |
| **Pupil’s First Name/s** |  | | | | | **Preferred Name** | |  | | |
| **Gender** | **Male/Female** | |  | | | **Date of Birth** | |  | | |
| **Year Group on Entry** |  | | | | | **Class** | |  | | |
| **Address & Postcode** |  | | | | | | | | | |
| **Home Tel No** |  | | | | | | | | | |
| Name of Previous School (if applicable) |  | | | | | | | | | |
| Child lives with | Mother □ Father □ Both Parents □ Stepmother □ Stepfather □  Legal Guardian □ Other □ (Please specify) | | | | | | | | | |
| If child lives at more than one address please specify usual percentage or arrangement eg: mother 50% / father 50% | | | | |  | | | | | |
| EMERGENCY CONTACT 1 **Mother**  Parental responsibility  Yes □ No □ | **Name** | | | |  | | | | | |
| **Work Address/ Tel No** | | | |  | | | | | |
| **Mobile No** | | | |  | | | | | |
| EMERGENCY CONTACT 2 **Father**  Parental responsibility  Yes □ No □ | **Name** | | | |  | | | | | |
| **Address** | | | |  | | | | | |
| **Home Tel No** | | | |  | | | | | |
| **Mobile No** | | | |  | | | | | |
| EMERGENCY CONTACT 3 Relationship: | **Name** | | | |  | | | | | |
| **Address** | | | |  | | | | | |
| **Home Tel No** | | | |  | | | | | |
| **Mobile No** | | | |  | | | | | |
| Name of sibling(s) school |  | | | | | | | | | |
| Siblings School Contact Details |  | | | | | | | | | |
| Pupil’s position in Family |  | | | | | | | | | |
| Ethnic Origin |  | | | | | | | | | |
| **Home Language** |  | | | | | | **Pupil’s Proficiency in English** | | |  |
| **Country of Birth** |  | | | | | | **Nationality** | | |  |
| **Religion** |  | | | | | | | | | |
| **GP/Doctor’s Name, Address and Tel No** |  | | | | | | | | | |
| **Medical Conditions**  **(including allergies)** |  | | | | | | | | | |
| **Prescribed Medication** |  | | | | | | | | | |
| **Does your child**  (Please delete as appropriate) | **Suffer from Epilepsy?**  **Suffer from Asthma?**  **Wear glasses?**  **Wear a hearing aid?** | | | | | | Yes/ No  Yes/No  Yes/No  Yes/No | | | |
| **Dietary Requirements**  ie Food Allergies |  | | | | | | | | | |
| Lunch Arrangements: (please delete as appropriate) | Paid/Free/Sandwiches/Tube Fed | | | | | | | | | |
| Safeguarding: (please delete as appropriate) | **Does your child have a Social Worker?**  **Does your child have a Family Support Worker?**  **Early Help Assessment?** | | | Yes/No  Yes/No  Yes/No | | | **Child Protection?**  **Child in Need?**  **Any other professional support?** | | | Yes/No  Yes/No |
| Any other agency involvement eg. Speech & Language Therapy, Physiotherapy, etc |  | | | | | | | | | |
| Other relevant information |  | | | | | | | | | |
| I agree that I give permission for the school to securely hold the data on this form in line with the school's data protection and retention policies. I am aware that the school will share necessary data with Birmingham City Council.  I am aware that it is my responsibility to inform the school of any changes to my child's data and that I have the right to withdraw permission for my child's data to be held. | | | | | | | | | | |
| Signed: | | Relationship: | | | | | | | Date: | |