

Mayfield School

*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

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| Pupil’s Surname |  |
| **Pupil’s First Name/s** |  | **Preferred Name** |  |
| **Gender** | **Male/Female** |  | **Date of Birth** |  |
| **Year Group on Entry** |  | **Class** |  |
| **Home 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 responsibilityYes □ No □ | **Full Name** |  |
| **Date of Birth** |  |
| **Home Address** |  |
| **Home Telephone Number** |  |
| **Mobile Number** |  |
| **Work address** |  |
| **Work Telephone Number** |  |
| **Email Address** |  |
| EMERGENCY CONTACT 2**Father**Parental responsibilityYes □ No □ | **Full Name** |  |
| **Date of Birth** |  |
| **Home Address** |  |
| **Home Telephone Number** |  |
| **Mobile Number** |  |
| **Work address** |  |
|  | **Work Telephone Number** |  |
|  | **Email Address** |  |
| EMERGENCY CONTACT 3Relationship: | **Full Name** |  |
| **Home Address** |  |
| **Home Telephone Number** |  |
| **Mobile Number** |  |
|  | **Work address** |  |
|  | **Work Telephone Number** |  |
|  | **Email Address** |  |
| Sibling Information | **Full Name** | **DOB** | **Name of Sibling (s) School &****School Contact Details** |
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| Pupil’s position in Family |  |
| Ethnic Origin |  |
| **Home Language** |  | **Pupil’s Proficiency in English** |  |
| **Country of Birth** |  | **Nationality** |  |
| **Religion** |  |
| **GP/Doctor’s Name, Medical Practice Name, Address and Tel No** |  |
| **Pupil’s NHS Number (if known):** |  |
| **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/ NoYes/NoYes/NoYes/No |
| **Dietary Requirements**(ie Food Allergies, halal, vegetarian, no dairy products, gluten free, etc.) |  |
| 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/NoYes/NoYes/No  | **▪Child Protection?** **▪Child in Need?****▪Any other professional support?** | Yes/NoYes/No |
| **▪Is your child a ‘Looked after child’?****Local Authority with responsibility for your child:**  | Yes/No | **▪Has your child every been a ‘Looked after child?'****▪Local Authority that held responsibility for your child:** | Yes/No |
| Any other agency involvement e.g., Speech & Language Therapy, Physiotherapy, etc |  |
| Other relevant information |  |
| I declare that the information given with this form is accurate and correct at the day of signing.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: |