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Description automatically generated

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 responsibility  Yes □ 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 responsibility  Yes □ No □ | **Full Name** | | |  | | | | |
| **Date of Birth** | | |  | | | | |
| **Home Address** | | |  | | | | |
| **Home Telephone Number** | | |  | | | | |
| **Mobile Number** | | |  | | | | |
| **Work address** | | |  | | | | |
|  | **Work Telephone Number** | | |  | | | | |
|  | **Email Address** | | |  | | | | |
| EMERGENCY CONTACT 3 Relationship: | **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/ No  Yes/No  Yes/No  Yes/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/No  Yes/No  Yes/No | | **▪Child Protection?**  **▪Child in Need?**  **▪Any other professional support?** | | Yes/No  Yes/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: | | |