

**PLEASE COMPLETE A DATA SHEET FOR EACH CHILD**



**NICHOLAS CHAMBERLAINE SCHOOL**  
**DATA COLLECTION SHEET**

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

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 privacy notice and data protection policy on our website under About Us > Other Docs.

**In case of emergency please ensure all details are correct**

|                      |  |                   |  |
|----------------------|--|-------------------|--|
| <b>Student Name:</b> |  | <b>Signature:</b> |  |
|----------------------|--|-------------------|--|

|                             |  |                   |  |
|-----------------------------|--|-------------------|--|
| <b>Parent / Carer Name:</b> |  | <b>Signature:</b> |  |
|-----------------------------|--|-------------------|--|

**STUDENT DETAILS**

|                                  |      |              |     |         |  |
|----------------------------------|------|--------------|-----|---------|--|
| Surname:                         |      | Forename:    |     | Form:   |  |
| Middle Name:                     |      | Chosen Name: |     |         |  |
| Address:                         |      |              |     |         |  |
| Post Code:                       |      | Home Tel No. |     |         |  |
| Date of Birth:                   |      | Male:        |     | Female: |  |
| Brother(s)/Sisters(s) in school: | Yes: |              | No: |         |  |
| If Yes – Full Name:              |      |              |     | Form:   |  |
| Full Name:                       |      |              |     | Form:   |  |

**PARENT / CARER DETAILS**

|  |  |                |  |        |  |
|--|--|----------------|--|--------|--|
| <b><u>Priority 1</u></b>   |  |                |  |        |  |
| Surname:   |  | Forename:      |  | Title: |  |
| Address (if different):  |  |                |  |        |  |
| Post Code:   |  | Home Tel No:   |  |        |  |
|  |  | Mobile No:     |  |        |  |
| Relationship to student:   |  | Email address: |  |        |  |
| Place of work:   |  | Work Tel No.   |  |        |  |
| Please tick this box if this person has parental responsibility for the student named above <input type="checkbox"/> |  |                |  |        |  |
| <b><u>Priority 2</u></b>   |  |                |  |        |  |
| Surname:   |  | Forename:      |  | Title: |  |
| Address (if different):  |  |                |  |        |  |
| Post Code:   |  | Home Tel No:   |  |        |  |
|  |  | Mobile No:     |  |        |  |
| Relationship to student:   |  | Email address: |  |        |  |
| Place of work:   |  | Work Tel No.   |  |        |  |
| Please tick this box if this person has parental responsibility for the student named above <input type="checkbox"/> |  |                |  |        |  |

**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:

|                   |  |                          |  |
|-------------------|--|--------------------------|--|
| Name:             |  | Relationship to student: |  |
| Telephone Number: |  | Email address:           |  |
| Name:             |  | Relationship to student: |  |
| Telephone Number: |  | Email address:           |  |

**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          | <input type="checkbox"/> | School Coach/Bus | <input type="checkbox"/> | Walks                          | <input type="checkbox"/> |
| Car / Van        | <input type="checkbox"/> | Taxi             | <input type="checkbox"/> | In Care                        | <input type="checkbox"/> |
| Public Transport | <input type="checkbox"/> | Train            | <input type="checkbox"/> | With which Education Authority | _____                    |

**Usual Lunch Time Arrangements: [please tick]**

|           |                          |             |                          |              |                          |      |                          |
|-----------|--------------------------|-------------|--------------------------|--------------|--------------------------|------|--------------------------|
| Free Meal | <input type="checkbox"/> | School Meal | <input type="checkbox"/> | Packed Lunch | <input type="checkbox"/> | Home | <input type="checkbox"/> |
|-----------|--------------------------|-------------|--------------------------|--------------|--------------------------|------|--------------------------|

**Consent: [Please tick]**

|                             |                          |                    |                          |               |                          |
|-----------------------------|--------------------------|--------------------|--------------------------|---------------|--------------------------|
| Copyright Permission        | <input type="checkbox"/> | Photograph Student | <input type="checkbox"/> | Data Exchange | <input type="checkbox"/> |
| Internet Access             | <input type="checkbox"/> | Sex Education      | <input type="checkbox"/> | School Visit  | <input type="checkbox"/> |
| Cashless Catering Biometric | <input type="checkbox"/> |                    |                          |               |                          |

**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: |         |
| Latest Key Stage Test Results:   | English | Maths            | Science |