

Pupil Data Collection Sheet

The school and the Local Education Authority are required under **Data Protection** legislation to comply with essential good practice in respect of the information collected here and to manage it securely. The individuals who are the subject of the information or who have parental/guardian responsibility are generally entitled to see the information and are encouraged to help keep the information up to date. This information will be used for educational, welfare, planning or managerial purposes.

CHILD

Date of Birth:		Sex (M/F)	
Legal Surname of child:		Preferred surname:	
Legal Forename of child:		Preferred forename:	
Middle name			
Parent/Guardian 1 :		Parent/Guardian 2 :	
Name:		Name:	
Relationship to Child:		Relationship to Child:	
Does this parent/guardian have parental responsibility? Yes <input type="checkbox"/> No <input type="checkbox"/>		Does this parent/guardian have parental responsibility? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If parents are separated or divorced has a court order been issued? Yes <input type="checkbox"/> No <input type="checkbox"/>		If parents are separated or divorced has a court order been issued? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address Details		Address Details	
House/Flat No.		House /Flat No.	
Building/Flat name		Building/Flat name	
Street Name		Street name	
District/Village/Town		District/Village/Town	
Post code		Post code	
Home Telephone:		Home Telephone:	
Email Address:		Email Address:	
Please tick the box if the child lives at this address <input type="checkbox"/>		Please tick the box if the child lives at this address <input type="checkbox"/>	

Medical Details

Doctor's Name and Surgery:	Doctor's Telephone No:	Dietary Needs:
Medical Condition of Child:		Has a Statement of Special Educational Needs been issued in respect of your Child?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
Other outside agencies involved:	Name and address of previous nursery attended:	

Other children in the family:

Name:		DOB:		School:	
Name:		DOB:		School:	
Name:		DOB:		School:	

Emergency Contact Details

Please list below all Parents and Contacts, and use the first column (priority number) to show in which order people should be contacted in the case of an emergency. These are very important to us. If your child becomes ill during the day we need to be able to contact you, or someone acting for you who are able to collect your child. Please give at least two contact numbers.

We suggest the telephone numbers of any place of work and one other emergency contact, perhaps a grandparent if they live close by. If you have no relatives in the area then ask a friend, neighbour or child minder if they would be willing to act as an emergency contact.

Priority	Name	Relationship	Address	Phone No.
				1.
				2.
				1.
				2.
				1.
				2.

ETHNICALLY based STATISTICS (To be completed on behalf of all children)

The collection of ethnically based data is becoming increasingly recognised as a means of identifying needs and thus ensuring fair and equal treatment for all. The information you are asked to give below is for educational purposes and will be used only to enhance the provision for all pupils in Northamptonshire schools.

Ethnic Origin of Child

Language normally spoken in the child's home

<p>White</p> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> Any other White background	<input type="checkbox"/> White/Asian <input type="checkbox"/> Any other Mixed <input type="checkbox"/> Any other Black <input type="checkbox"/> Other Ethnic group <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese	<input type="checkbox"/> Albanian/Shqip <input type="checkbox"/> Arabic <input type="checkbox"/> Bengali (Any Other) <input type="checkbox"/> Bengali (Sylheti) <input type="checkbox"/> Chinese (Any Other) <input type="checkbox"/> Chinese (Cantonese) <input type="checkbox"/> English <input type="checkbox"/> Kikuyu/Gikuyu <input type="checkbox"/> Greek <input type="checkbox"/> Gujarati <input type="checkbox"/> Hindi <input type="checkbox"/> Italian <input type="checkbox"/> Lithuanian <input type="checkbox"/> Latvian <input type="checkbox"/> Malayalam <input type="checkbox"/> Information not obtained <input type="checkbox"/> Other Language (Please specify)	<input type="checkbox"/> Panjabi <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Refused <input type="checkbox"/> Serbian/Croatian/Bosnia <input type="checkbox"/> Shona <input type="checkbox"/> Somali <input type="checkbox"/> Spanish <input type="checkbox"/> Swahili/Kiswahili <input type="checkbox"/> Tagalog/Filipino <input type="checkbox"/> Thai <input type="checkbox"/> Turkish <input type="checkbox"/> Urdu <input type="checkbox"/> Yoruba <input type="checkbox"/> Classification Pending
<p>Asian or Asian British</p> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background		<input type="checkbox"/> <i>I do not wish an ethnic background category to be recorded</i>	
<p>Black or Black British</p> <input type="checkbox"/> Caribbean <input type="checkbox"/> Somali <input type="checkbox"/> Other Black African		This information was provided by: Parent <input type="checkbox"/> Pupil <input type="checkbox"/>	
<p>Mixed /Dual background</p> <input type="checkbox"/> White/Black Caribbean <input type="checkbox"/> White/Black African			

Religion of Child

<input type="checkbox"/> Anglican	<input type="checkbox"/> No religion
<input type="checkbox"/> Baptist	<input type="checkbox"/> Other
<input type="checkbox"/> Christian	<input type="checkbox"/> Roman Catholic
<input type="checkbox"/> Hindu	<input type="checkbox"/> Sikh
<input type="checkbox"/> Jewish	<input type="checkbox"/> Unclassified
<input type="checkbox"/> Methodist	<input type="checkbox"/> United Reform Church
<input type="checkbox"/> Muslim	

Pupil's Usual Mode of Transport to School

<input type="checkbox"/> Walk	<input type="checkbox"/> Bus (type not known)
<input type="checkbox"/> Cycle	<input type="checkbox"/> Taxi
<input type="checkbox"/> Car/Van	<input type="checkbox"/> Train
<input type="checkbox"/> Car Share (with a different household)	<input type="checkbox"/> London Underground
<input type="checkbox"/> Public service bus	<input type="checkbox"/> Metro/Tram/Light Rail
<input type="checkbox"/> Dedicated school bus	<input type="checkbox"/> Other

Adopted from Care? (Y/N)

Disability

Would you consider your child to have any disabilities?

Which session do you prefer?

<input type="checkbox"/> AM 8:45 – 11:45	<input type="checkbox"/> PM 12:30 – 3:30
<input type="checkbox"/> Full Time 8:45 – 3:30 (Fee Charged)	

Signature: _____ Date: _____

Name (in block capitals): _____ Title: _____

How did you hear about the nursery? _____