



INFORMATION COLLECTION SHEET

CONFIDENTIAL

Child's name		Date of Birth	
Name to be known as for books/coat peg etc.			
Home Address			Post Code:
Previous school / Nursery if applicable:			

Details of Parents/Guardians

Parent 1			
Full Name		Priority*	
Home Address		Post Code:	
Home telephone:		Mobile:	
Day / Work Telephone:		Email Address:	
Parent 2			
Full Name		Priority*	
Home Address		Post Code:	
Home telephone:		Mobile:	
Day / Work Telephone:		Email Address:	

* Note – the priority order someone should be contacted in the case of an emergency in school (i.e. 1st, 2nd, 3rd etc.)

The school runs a text message service. The Priority #1 contact will receive relevant messages in the event of an emergency or school closure. Please tick the box to confirm you wish to receive text messages.

NB: The text service used is fully regulated under the General Data Protection Regulations 2018

Emergency contact numbers alternative to parents/guardian

Emergency Contact 1 Relationship to child:			
Full Name		Priority*	
Home Address:		Post Code:	
Home telephone:	Mobile:	Day / Work Telephone:	
Emergency Contact 2 Relationship to child:			
Full Name		Priority*	
Home Address:		Post Code:	
Home telephone:	Mobile:	Day / Work Telephone:	
Emergency Contact 3 Relationship to child:			
Full Name		Priority*	
Home Address:		Post Code:	
Home telephone:	Mobile:	Day / Work Telephone:	

Oxspring Primary School - Information Collection form continued

Do any of the following apply? Please attach a copy of legal document(s) if applicable					
<i>Please tick as appropriate (✓)</i>					
Adoption		Court Order		Residency Order	
Special Guardianship		Any other Restrictions (please provide details)			
Details of any other Restrictions:					
Please state to whom correspondence should be addressed:					
Medical conditions: Does your child have a medical condition? YES / NO (<i>please delete as appropriate</i>) Please also complete the attached Medical Information Form.					
Ethnicity					
Country of birth:		Nationality:		1 st Language:	
<i>Please tick as appropriate (✓)</i>					
White British		White Irish		Other white background	
M – White & Black African		M – White & Asian		M – any other	
AAB - Bangladeshi		AAB – Indian		AAB – any other	
BBB – African		BBB – any other		Chinese	
Other ethnicity		I do not want an ethnic background to be recorded			
M = Mixed		AAB = Asian or Asian British		BBB = Black or Black British	
Sibling Information					
Name		DoB		School	
1.					
2.					
3.					
Contact between home and school					
As some of you may be aware the Government changed the way we deal with your personal data under General Data Protection Regulations (GDPR) from May 2018.					
This impacts on some of the ways we send information home e.g. school reports, letters etc. We will no longer be able to send these home with your child without your permission. It is important, therefore, that you indicate your preference below and sign at the end of this form.					
I agree to school giving my child information to bring home <input type="checkbox"/>					
I will collect my information from the school office <input type="checkbox"/>					
Has your child been in receipt of 2yr old Funding during their time in nursery? YES/NO					
Have you as a parent had any involvement with a Children’s Centre? YES/NO					
Disabilities					
To try to ensure that school is more accommodating – please give details of any details of any disabilities you or your child may suffer from ie serious vision impairment, deafness, wheelchair bound etc.					

Educational Visits

I acknowledge that from time to time it is necessary for my child to participate in Educational Visits arranged within the locality. YES/NO

Photographs of Children

Please complete the attached photograph and activities consent form attached.

Safeguarding

Are there any issues that we need to be aware of in order to safeguard your child effectively in school eg adoption issues, court orders, releasing children at the end of the session day? YES/NO

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If you would like to receive school letters and newsletters via e-mail please indicateYES/NO

Please indicate how your child travels to school in **the morning only**. If he/she travels to school by different means each day or groups of days then please choose the method that is used most frequently.

Please ✓ the relevant answer.

Walk	Walk from home to school or walk the greatest distance when travelling to school	
Cycle`	Cycle from home to school or cycle the greatest distance when travelling to school	
Car/Van	Travel by car for the greatest part of the journey	
Car Share	Travel with a child/children from a different household for the greatest distance	
Public Service Bus	Service used by members of the public	
Dedicated school bus	Service used by school children only	
Bus (type not known)	If your child travels to school by bus but you are unsure if the service is a school bus or public service bus	
Taxi	Taxi service for the greatest distance	

Gifted & Talented

At this stage you know your child better than we do. Do you therefore consider your child to be:

Talented – ie Musical, Sporty, Artistic

Gifted – ie Academic abilities ie reading, mathematics

If yes – please give details:

Signature: _____ Date: _____

FOR SCHOOL USE ONLY

Safeguarding

Both designated teachers aware:.....SI.....PW.....

Information shared with:.....(if appropriate) on(date)