

## Data Collection Sheet

Please complete and return to Mrs Cox in the Sixth Form Office

Surname:	Legal Surname:
Forename:	Middle name:
Chosen name:	Gender:
Date of Birth:	Year:
Reg Group:	
Address:	
Post Code:	
Telephone:	
Email:	

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency.

Place them in the order that you wish for them to be contacted in an emergency.

Priority	Name/Relationship	Home Address/Phone/Mobile	Work Address Phone/Email
1		Tel: Mobile:	Tel: Mobile:
2		Tel: Mobile:	Tel: Mobile:
3		Tel: Mobile:	Tel: Mobile:

<h3>Travel Arrangements</h3> <p>Please tick the appropriate choice</p> <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 10px 0;"> <div style="width: 15%; text-align: center;"><input type="checkbox"/> Bicycle</div> <div style="width: 15%; text-align: center;"><input type="checkbox"/> Train</div> <div style="width: 15%; text-align: center;"><input type="checkbox"/> Car/Van</div> <div style="width: 15%; text-align: center;"><input type="checkbox"/> Walk</div> <div style="width: 15%; text-align: center;"><input type="checkbox"/> Taxi</div> <div style="width: 15%; text-align: center;"><input type="checkbox"/> School Bus</div> <div style="width: 15%; text-align: center;"><input type="checkbox"/> Car Share</div> </div> <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 10px 0;"> <div style="width: 15%; text-align: center;"><input type="checkbox"/> Public Bus Service</div> <div style="width: 15%; text-align: center;"><input type="checkbox"/> Metro/Train/Light Rail</div> <div style="width: 15%; text-align: center;"><input type="checkbox"/> Other (Please specify) <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span></div> </div> <p><b>Bus Route/Number</b></p>	
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**Dietary Needs****Dietary Preferences****Allergies**

Please tick the type of meal to have for each day of the week below.

Type of meal	Mon	Tue	Wed	Thu	Fri
School Meal					
Packed Lunch					
Home					

**Medical Practice****Address****Telephone Number****Medical Condition(s)****Medical Note(s)****Ethnicity:****Religion:****Home Language:****First Language:****Country of Birth:****Nationality:**

The data being collected, controlled and processed is in line with General Data Protection Regulations (GDPR)

The school has a duty to protect this data and to keep it up to date. The school is required to share some of the data with the Education Authority and with the Department of Education

**Signature:****Date:**