



## ST JOHN'S C E ACADEMY DATA COLLECTION SHEET



<b>Surname:</b>  <b>Forename:</b>  <b>Chosen name:</b>  <b>Date of Birth:</b>   <b>Address:</b>  <b>Post Code:</b>  <b>Home Telephone:</b>  <b>Main Email:</b>	<b>Legal Surname:</b>  <b>Middle name:</b>  <b>Gender:</b>  <b>Year:</b> Reception  <b>Reg Group:</b> Reception
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Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency (4 maximum). Please provide full contact telephone numbers and full names. Please provide at least one main email address for parents/carers as information is distributed electronically.

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

Priority	Name/Relationship	Home Address/Phone/Mobile/Email	Work Address & Phone Number
1		<b>Tel:</b> <b>Mobile:</b> <b>Email:</b>	<b>Tel:</b>
2		<b>Tel:</b> <b>Mobile:</b> <b>Email:</b>	<b>Tel:</b>
3		<b>Tel:</b> <b>Mobile:</b> <b>Email:</b>	<b>Tel:</b>
4		<b>Tel:</b> <b>Mobile:</b> <b>Email:</b>	<b>Tel:</b>

**Medical Practice and GP name:**

**Address:**

**Telephone Number:**

**Medical Condition(s).including allergies  
FULL DETAILS.**

**Details of medication to be retained in school (Inhalers)**

**Ethnicity :**

**Home Language:**

**Religion:**

**English as an additional language:**

**Any other relevant information:**

**Data Protection Act 1998:** The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DCSF.

**Signature:**

**Date:**

## Collection of Children from St John's Church of England Academy

We realise that sometimes as a parent/guardian you are not always available to collect your child from school at the end of the school day. We would therefore be grateful if you could complete the table below to inform us of those persons whom you give written consent to collect your child from school on your behalf.

Name of person authorised to collect your child	Relationship to your child e.g. friend, relative, neighbour, childminder etc.	Is there a regular day this person will collect your child and if so which day/s	Contact phone Number (in case of emergency)
1. Name of parent/carer			
2. Name of parent/carer			
3. Additional Name			
4. Additional Name			
5. Additional Name			
6. Additional Name			

**As a school we are very security conscious and it is imperative that we are made aware of any changes to collection arrangements by 3pm on the day. This can be done by contacting the school by telephone on 02476 674 092.**

**We will not release your child to anyone unless they have been given prior consent to do so**

**DATA PROTECTION Act 1998:** The Academy is registered under the Data Protection Act for holding personal data. The Academy has a duty to protect this information and keep it up to date. The Academy is required to share some of the data with the Multi Academy Trust, Local Authority and with the DfE.

