

# URGENT - Please complete and return to school



## STUDENT DATA COLLECTION SHEET

Name of pupil .....

Date of birth .....

Address .....

.....

**Emergency contact numbers:**  
(Please list at least 2 emergency contacts)

**Legal Parental  
Responsibility?**  
(Please circle)

Name ..... Home: ..... YES / NO

Mobile: .....

Name ..... Home: ..... YES / NO

Mobile: .....

Name: ..... Home: ..... YES / NO

Mobile: .....

**Email Address:** .....

**Ethnicity:** .....  
(e.g. white British, Asian, White/Black Caribbean etc.)

**Type of meal:** ..... School meal      Free school meal      Packed lunch  
(Please circle)

**Any medical conditions** .....  
e.g. asthma, epilepsy

**Does medication need to be given during school time?** (please circle) YES / NO

If YES, complete Administration of Medication school form or request a copy from school office.

**Name of GP** .....

**Address of GP** .....

**Telephone number of GP** .....

**Signed**.....**Print name**..... **Date**.....