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|  | Horwich Parish CE Primary Final Logo |

**HORWICH PARISH CE PRIMARY SCHOOL**

**Data Collection Sheet**

We would be grateful if you would complete and return this form as soon as possible so that we may have accurate records of pupils in school. Emergency contact numbers are required in cases of accident or illness. Any changes to these details should be provided to School as soon as possible.

***PLEASE COMPLETE ALL SECTIONS (Sections in grey are asked for on a voluntary basis)***

**PUPIL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **Forename:** |  |
| **Middle Name(s):** |  | **Chosen Forename:** |  |
| **Male/Female** (delete as appropriate**)** | | **Date of Birth:** |  |
| **Home Address:** |  |  |  |
|  |  |  |  |
| **Postcode:** |  | **Home Telephone Number:** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please indicate if any Parent/Carer serves in The Armed Forces:** | | | | | YES | No | | |
|  | | | | |  |  | | |
| **If your child has been known by a previous surname please give details, indicating if the change of name has been made by legal process:**  **Previous Surname:** | | | | | | | | |
| **SIBLING LINKS** | | | | | | | | |
| Please name any sibling links in the school: | | | | | | | | |
|  |  |  |  |  |  | |  |  |
| Name: |  | Year: |  | Name: |  | | Year: |  |
|  |  |  |  |  |  | |  |  |

**DIETARY NEEDS**

Artificial Colouring Allergy Gluten Free

No Dairy Produce No Nuts of any Type/Quantity

No Pork Seafood Allergy

Vegetarian

Please indicate any other foods that your child is allergic to (this information will be collated as part of taste testing consent):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***School Meals Service may require further forms to be completed if your child has an allergy/intolerance***

**MEAL AND SNACK REQUIREMENTS:** Packed Lunch **□** School Dinner **□**

**PARENT/CARER INFORMATION** – In case of emergency parents/carers will be contacted first

By providing the contact information on this form, it is assumed that you have sought permission from the individuals for school to hold their data. Data will only be used by those authorised to do so within school.

|  |  |  |
| --- | --- | --- |
| **SURNAME: (MR/MRS/MISS/MS)** | **FORENAME:** | **RELATIONSHIP TO PUPIL:** |
| ADDRESS:  POSTCODE: | ☎ HOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☎ WORK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☎ MOBILE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **SURNAME: (MR/MRS/MISS/MS)** | **FORENAME:** | **RELATIONSHIP TO PUPIL:** |
| ADDRESS:  POSTCODE: | ☎ HOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☎ WORK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☎ MOBILE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

**OTHER CONTACTS:** Please provide extra contact details in order of preference in case we are unable to contact parents/carers

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **SURNAME: (MR/MRS/MISS/MS)** | **FORENAME:** | **RELATIONSHIP TO PUPIL:** |
| ADDRESS:  POSTCODE: | | ☎ HOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☎ WORK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☎ MOBILE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **2** | **SURNAME: (MR/MRS/MISS/MS)** | **FORENAME:** | **RELATIONSHIP TO PUPIL:** |
| ADDRESS:  POSTCODE: | | ☎ HOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☎ WORK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☎ MOBILE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

**MEDICAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Surgery: |  |  |  |
| Address: |  | Tel: |  |
|  | | | |
| ANY MEDICAL CONDITIONS/DISABILITIES OR PERSONAL DETAILS WHICH YOU THINK WE SHOULD BE AWARE OF eg | | | |
| Asthma |  |  |  |
|  |  |  |  |
|  |  |  |  |
| If necessary do you give permission for your child to have a plaster applied: | | □ Yes | □ No |
| *Preventative medicines (eg epipens, inhalers etc) can be held and administered in school with a parental agreement form*. *Prescribed medicine will only be administered if the dose of the medicine is at least four times per day and a parental agreement form is completed.* | | | |

**ETHNIC ORIGIN**

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

Please study the list below and **tick one box only** to indicate the ethnic background of the pupil named.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **White** | | **Asian or Asian British** | |  |
| **□** | British | | **□** | Indian | |
| **□** | Irish | | **□** | Pakistani | |
| **□** | Traveller of Irish Heritage | | **□** | Bangladeshi | |
| **□** | Gypsy/Roma | | **□** | Chinese | |
| **□** | Any other White background | | **□** | Any other Asian background | |
|  |  | |  | Other | |
| **Mixed Black or Black British** | |  |  |  | |
| **□** | White & Black Caribbean | | **□** | Caribbean | |
| **□** | White & Black African | | **□** | African | |
| **□** | White & Asian | | **□** | Any other Black background | |
| **□** | **Any other ethnic background** | | **□** | **I do not wish an ethnic background to be recorded** | |

|  |  |  |
| --- | --- | --- |
|  | **Religion:** |  |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Carer

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/CARER CONSENT FORM**

Please consult the explanatory document for full information regarding parent/carer permission.

**I GIVE CONSENT FOR MY CHILD TO BE INCLUDED IN THE FOLLOWING AREAS OF SCHOOL LIFE FOR ACADEMIC YEAR 2020/2021:**

Please tick

* **Trips and Visits**

I hereby give permission for my child to leave the school premises to attend Category A activities during the academic year 2020/2021. I will inform the school in writing if I decide to revoke this permission.

* **Taste Testing**

I hereby give permission for my child to take part in any taste testing activities within the present school year. Any food allergy is listed in the Data Collection Form.

* **Animal Handling**

I hereby give permission for my child to take part in any animal handling (hens, chickens etc….)

**Parent/Carer Signature: Date:**