

WEST PARK ACADEMY - DATA COLLECTION SHEET

Complete and return to the school 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 / Fax	Work Address Phone / Email
1	•		
2			
3			
4			

Please complete overleaf

Travel Arrangements

Please tick the appropriate choice:

□Bicycle □Car/Van □ Car Share □ Walk □ Public Bus Service

Dietary Needs

Meal Arrangement

Please tick the type of meal you wish your child to have (there is a two week notice to change meal type): **School Meal:**

Packed Lunch:

Medical Practice:

Address:

Telephone Number:

MMR Vaccine: YES/ NO

Date of Immunisation:

Medical Condition(s) / Allergies:

Medical Note(s)

Disabilities

Do you consider yourself to be a person with a disability, as described by the Equality Act 2010? **Yes/No**

i.e. someone who has a physical or mental health illness which has an impact on your ability to carry out normal day-to-day activities such as eating, walking and going shopping or is having an effect on your general well-being.

If yes, please give details:

Forces Family: If you a Forces family please indicate which one:

Army / Navy / RAF

Eth	nic	4.7.	
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Pupil Nationality:

First Language:

Home Language:

Country of Birth:

Religion:

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 DfE.

Signature:

Date:

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