

## **Great Doddington Primary School**

## **Pupil Data Checking Sheet**

In order to comply with **Data Protection** legislation and to follow good practice in respect of the collecting and managing information securely the individuals whom are the subject of the information/have parental/guardian responsibility are generally entitled to see the information and are encouraged to help keep the information up to date. This information will be used for educational, welfare, planning or managerial purposes. For full details please ask the school for a copy of their Privacy Notice.

**Child's Details** 

	Legal Forename(s):			Middle Name(s) :				
Legal Surname:								
Preferred Forename(s):			Preferred Surname:					
Date	Date of Birth:			Gender:	Boy		Girl	
Address:								
		Paren	t/Guard	dian and other Co	ntact Detail:	S		
	Name		Address		Contact Tel:			
	Miss/Mrs/Ms/Mr						(home)	
act						mobile)		
Contact					(work)			
	Relationship to Child		Parental Responsibility		Email:			
	Relat	ionship to Child					Elliai	ll.
If the				Court Order				
con	ere is an emerg	nency or if your chi	neone ac	Court Order  nes ill during the day we ting for you who would	need to able to collect	Yes		
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Contact 5  If the contact 7	mere is an emergitact be able to correction. Should ase indicate if the Miss/Mrs/Ms/Mr.  Relate the able to contact the able t	pency or if your chicontact you (or sor if we contact the above are to be the 19 Name  ionship to Child pency or if your chicontact you (or sor	meone ac pove pers st, 2 <sup>nd</sup> or 3	Court Order  these ill during the day we string for you who would fon in case of an emerge of an emerge of priority contact personal personal Responsibility Court Order  The set ill during the day we string for you who would	need to able to collect ency? If so on.	Conta	□ Note the Priority Contact (home)	Tel:
Contact 5	mere is an emergatact be able to conclude a se indicate if the miss/Mrs/Ms/Mr Relate the series an emergatact be able to conclude. Should the series an emergatact be able to conclude.	pency or if your chicontact you (or sor we contact the algorithm of the 1st the 1st the algorithm of the 1st the algorithm of the 1st the algorithm of the algo	meone ac pove pers st, 2 <sup>nd</sup> or 3 fild becom- meone ac pove pers	Court Order  These ill during the day we string for you who would son in case of an emerge of an emerge of priority contact personal perso	need to able to collect ency? If so on.	Conta	Contact (home)	Tel:

		Parent/Guarulan an	d other Contact Detai	15 00	nunuea		
		Name	Address		Contact Tel:		
8 13	Miss/Mrs/Ms/Mr				(home)		
Contact					mobile) (work)		
ပိ							
	Relati	onship to Child	Parental Responsibility  Court Order		Email:		
If th	ere is an emerg	ency or if your child becom	nes ill during the day we nee	ed to	Yes □ No □		
contact be able to contact you (or someone ac your child). Should we contact the above per			cting for you who would able	e to collect	Contact Priority		
please indicate if they are to be the 1 <sup>st</sup> , 2 <sup>nd</sup> or			3 <sup>rd</sup> priority contact person.	,	—————		
	Miss/Mrs/Ms/Mr -				(home)		
act 4					mobile)		
Contact 4					(work)		
	Relati	onship to Child	Parental Responsibility		Email:		
			Court Order				
			nes ill during the day we nee cting for you who would able		Yes □ No □		
you	r child). Should	we contact the above per	son in case of an emergency		Contact Priority		
please indicate if they are to be the 1st, 2nd or			o phonty contact person.				
	Medical Details						
Doc	tors Name:		Doctors Tel No:				
Address:							
Address.							
Has your child been diagnosed with any of the following:							
	Probl Probl Probl Probl Probl Probl	ems with ASD/Asperger's ems with Behavior ems with Communication ems with Consciousness ems with Eating & Drinkin ems with Learning ems with Medication ems with Mobility	Problems with Hand function Problems with Hearing Problems with Incontinence Problems with Palliative Care Problems with Personal care Problems with Vision Other Disability No Disability				
Medical Conditions							
Are there any other medical conditions or allergies we should be aware of? Please detail below:							
Δre	there any of	ner medical conditions	s or allergies we should	be aware	of? Please detail below:		
Are	there any ot	ner medical conditions	s or allergies we should	be aware	of? Please detail below:		
Are	there any ot	ner medical conditions	s or allergies we should	be aware	of? Please detail below:		
Are	there any ot	ner medical conditions	s or allergies we should	be aware	of? Please detail below:		

Child's Religi	on			
Please select your child's Religion:				
Christian Hindu Jewish Muslim	Sikh No Religion Other Religion Please tick here if you prefer not to say			
Ethnicity				
Ethnically based Statistics (To be completed on behalf	of all children)			
The collection of ethnically based data is becoming increasingly recognised as a means of identifying needs and thus ensuring fair and equal treatment for all. The information you are asked to give below is for educational purposes and will be used only to enhance the provision for all pupils in Northamptonshire schools.				
Please select your child's ethnicity:				
White  British Irish Irish Traveler Gypsy/Roma Any other white background  Black or Black British Caribbean Somalia Other Black African Any other Black background	Asian or Asian British Indian Pakistani Bangladeshi Any other Asian background  Mixed /Dual background  White/Black Caribbean White/Black African White/Asian Any other Mixed background  Other Backgrounds Vietnamese Chinese Other Ethnic Group			
If NO, please specify the 1 <sup>st</sup> languageex	First language is defined as the language the child was exposed to during early development and continues to be exposed to in the home.  Please give as much detail as possible, including			
	alects e.g. Bengali (Sylheti), Chinese (Cantonese).			
Name and Address of Previous School, Nursery	or Pre-School Attended (if applicable)			
School Name:	Dates attended:			
School	From:			
Address:	To:			

	Travel Arra	ingements				
Please advise us how your child's trav	vel to school:					
Walk Cycle Car/Van Car Share (with anothe	r household)	Bus (type r Public serv Taxi Train				
	Family Links Proj	there and Sister				
	Family Links Bro	illers allu Sisters	5			
Name	Address		School Attended			
Name						
Name						
Name						
Diagraphic and information in						
Please sign to say information is correct						
Signature:		Date:				

Title:

Name: (in block capitals)