

Legal First Name: …………………………………….…… Chosen First Name: (If different) …………...............................

Legal Surname: ………..………….……………………. Chosen Surname: (If different) …..………................................

Middle Name(s): ……………………….……………………………….……Gender (Female/Male): ………..…………...

Date of Birth: …….…./….……./……….

Please give details of brother/sisters who are attending, or have previously attended our school: 🞏 None

Name: ………………………………………………………………………………. Date of Birth …………………………...

Name: ……………………………………………………………………………..… Date of Birth …………………………...

Name: ………………………………………………………………………..……… Date of Birth …………………………...

**ADDRESS OF CHILD:**

…………………………………………………………………………………………………………………………………………….……………………………………………………………………………………….…………………………………………………….

Post Code: ………………………………. Home Tel. No.: ………………………………………………………….

**EDUCATIONAL HISTORY**

Previous School/Nursery Address Dates of Starting & Leaving

………………………………… …………………………………………….… ….…/….…/….… to …… /…… /…….

………………………………… ……………………………….……………… .……/…… /……. to …… /…… /…….

Please give details of all persons who can be contacted in an emergency. Please use the Contact Priority (numbers 1-4) to indicate the preferred order in which contact should be made (if you wish to give more than 4 emergency contacts please use a separate piece of paper).

**MOTHER/CARER’S DETAILS Contact Priority No**: ……………….

Last Name: …………………………...…… First Name:………………..…….……. Title: ….……..

Gender (Male/Female) ………..…………...

Home Address: 🞏 As Above .…………………………………………………………………………...……………………

……………………………………………………………………………………………………………………………………...

Post Code: ………………………………………..…. Home Tel No: ………………………………………………………....

Daytime Tel No: ……………………….…………… Daytime Place: ……………………..……………. *(if not at home)*

Mobile No: ……………………………..…………… Email Address ……………………..…………………………..….

Notes: ……………………………………………………………………………………………… *(e.g. mornings only etc.)*

Please indicate relationship to child ………………………………………………………….… *(e.g. Parent, Step-parent)*

Does the above named have **Legal Parental Responsibility** for the child? (Yes/No) ………………..

**FATHER/CARER’S DETAILS Contact Priority No**: ……………….

Last Name: …………………………...…… First Name:………………..…….……. Title: ….……..

Gender (Male/Female) ………..…………...

Home Address: 🞏 As Above .…………………………………………………………………………...……………………

……………………………………………………………………………………………………………………………………...

Post Code: ………………………………………..…. Home Tel No: ………………………………………………………....

Daytime Tel No: ……………………….…………… Daytime Place: ……………………..……………. *(if not at home)*

Mobile No: ……………………………..…………… Email Address ……………………..…………………………..….

Notes: ……………………………………………………………………………………………… *(e.g. mornings only etc.)*

Please indicate relationship to child ………………………………………………………….… *(e.g. Parent, Step-parent)*

Does the above named have **Legal Parental Responsibility** for the child? (Yes/No) ………………..

**STUDENT DATA COLLECTION FORM**

**Page 1**

**OTHER EMERGENCY CONTACT DETAILS Contact Priority No**: …………….

Last Name: …………………………...…… First Name:………………..…….……. Title: ….……..

Gender (Male/Female) ………..…………...

Home Address: ……………………………………………………………………………………………...……………………

……………………………………………………………………………………………………………………………………...

Post Code: ………………………………………..…. Home Tel No: ………………………………………………………....

Daytime Tel No: ……………………….…………… Daytime Place: ……………………..……………. *(if not at home)*

Mobile No: ……………………………..…………… Email Address ……………………..…………………………..….

Notes: ……………………………………………………………………………………………… *(e.g. mornings only etc.)*

Please indicate relationship to child ………………………………………………………….… *(e.g. Parent, Step-parent)*

Does the above named have **Legal Parental Responsibility** for the child? (Yes/No) ………………..

**OTHER EMERGENCY CONTACT DETAILS Contact Priority No**: …………….

Last Name: …………………………...…… First Name:………………..…….……. Title: ….……..

Gender (Male/Female) ………..…………...

Home Address: ……………………………………………………………………………………………...……………………

……………………………………………………………………………………………………………………………………...

Post Code: ………………………………………..…. Home Tel No: ………………………………………………………....

Daytime Tel No: ……………………….…………… Daytime Place: ……………………..……………. *(if not at home)*

Mobile No: ……………………………..…………… Email Address ……………………..…………………………..….

Notes: ……………………………………………………………………………………………… *(e.g. mornings only etc.)*

Please indicate relationship to child ………………………………………………………….… *(e.g. Parent, Step-parent)*

Does the above named have **Legal Parental Responsibility** for the child? (Yes/No) ………………..

**TRAVEL ARRANGEMENTS –** *Please tick the most appropriate one*

🞏 Car/Van 🞏 Car Share 🞏 Dedicated School Bus 🞏 Public Bus Service

🞏 Train 🞏 Taxi 🞏 Walk 🞏 Other

**DINNER ARRANGEMENTS –** *Please tick appropriate one*

🞏 School Meal – Paid 🞏School Meal - Universal Free 🞏 School Meal – Free 🞏 Packed Lunch 🞏 Home 🞏 Other

Special Dietary Needs (i.e. allergies, Halal, vegetarian.) :....………………………………………………………………..

**MEDICAL INFORMATION**

Medical Practice: …………………………………………………………………… Tel No: …………………………………

Address: …………………………………………………………………………………………………………………………..

Medical conditions/allergies/disabilities (of which the school should be aware, please provide evidence if available):

………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………

**General Data Protection Regulation 2018**Under the terms of the General Data Protection Regulation (GDPR) and Data Protection Bill 2018, Wetherby High School must inform you that where there is no legal obligation to provide information to us, we will always obtain your explicit consent to process your data. For further information about this please see the enclosed Privacy Notice for students.

**Declaration**I understand that the information that I supply will be used by the school in order to fill its legal obligations and functions and is conditional on Wetherby High School complying with their obligations under the GDPR and the proposed Data Protection Act.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_