

Westfield Academy - Data Collection Sheet 2021/22

Please check that the information below is correct. Complete any missing details, and return to the school office.

Legal Surname: Preferred Surname: Legal Forename: Date of Birth: Year: 07 Year Address:	Middlename: Preferred Forename: Gender: Reg Group:
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Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Please make a note of the order that you wish for them to be contacted in an emergency. .

Priority	Contact Title & Full Name/Relationship	Home Address, Phone/Mobile	Work Address Phone/Email
1		Home Tel: Main Tel: Mobile: email:	Work Tel: email:
2		Home Tel: Main Tel: Mobile: email:	Work Tel: email:

Please add additional contacts as required (4 is a preferable number of contacts) noting any information about shared care arrangements

Priority	Contact Title & Full Name/Relationship	Home Address, Phone/Mobile	Work Address Phone/Email

Travel Arrangements	<i>Only 1 option may be chosen</i>
Options: Boarder, Bus, Car Share (ie 2 families sharing), Car/Van, Cycle, School Bus, Metro/Tram/Light Rail, Other, Public Bus, Taxi, Train, Walk	
Route	

Free School Meal: is your child entitled to and taking up a Free Meal? T=Yes, F=No.		
Please amend if necessary.	YES	NO
Adopted From Care	YES/NO	Date of Adoption:

Medical Practice:	Tel:	
Address:		

Medical conditions:

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Medical notes:

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Ethnicity :		Parent/s in Armed Services?	
First Language: (ie language spoken at home during early years)		Religion:	

The school is classed as a Data Controller under the Data Protection Act and as such has a duty to process any personal information obtained and held by them according to the Data Protection Principles. The school also has a statutory duty to share some or all of this information with other Professional bodies as set out in the school's Fair Processing Notice. Should you have any queries in relation to this please contact the school directly.

Signature: