AUGHTON TOWN GREEN PRIMARY
Data Collection Sheet

Please inform the school office of any amendments to your child's information

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		**Tel:** **Mobile:**	**Tel:** **Email:**
2		**Tel:** **Mobile:**	**Tel:** **Email:**
3		**Tel:** **Mobile:**	**Tel:** **Email:**

Travel Arrangements

If the above information is incorrect, please tick the appropriate choice

☐ Bicycle ☐ Train ☐ Car/Van ☐ Walk ☐ Taxi ☐ School Bus ☐ Car Share
☐ London Underground ☐ Public Bus Service ☐ Metro/Train/Light Rail ☐ Other

Route

Dietary Needs
Dietary Preferences
Meal Arrangement

If the above information is incorrect, please tick the type of meal to have for each day of the week below.

Type of meal	Mon	Tue	Wed	Thu	Fri
School Meal					
Packed Lunch					
Home					

Medical Practice:
Address:
Telephone Number:

Medical Condition(s)

Medical Note(s)

Disabilities

Ethnicity: **Religion:**
Home Language: **First Language:**

The data being collected, controlled and processed is in line with current Data Protection legislation

Signature: **Date:**