

## The St Lawrence Academy Data Collection Sheet

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

Surname:	Legal Surname:	
Forename:	Middle name:	
Chosen name:	Gender:	
Date of Birth:	Year:	Tutor Group:
Address:		
Student Mobile:		

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	Work Address/Phone/Main Email
1		Tel: Mobile:	Tel: Main Email:
2		Tel: Mobile:	Tel: Main Email:
3		Tel: Mobile:	Tel: Main Email:

**Travel Arrangements:**  
Please tick the appropriate choice:

Bicycle   
  Train   
  Car/Van   
  Walk   
  Taxi   
  School Bus   
  Car Share  
 Public Bus Service   
  Other

**Dietary Needs (e.g. Food allergies, special diets, etc):**

**Meal Arrangement:**  
Please tick the appropriate choice:

Free School Meal   
  Paid School Meal   
  Sandwiches   
  Other

**Medical Practice:**

Address:

Telephone Number:

**Medical Condition(s): (e.g. Allergies, Asthma, Migraines, Diabetes, Epilepsy, ADHD, Wears Spectacles, etc)**

**Medical Note(s): (e.g. Any medication taken including dosage and administering instructions)**

Ethnicity :	Home Language:	Religion:
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**Data Protection Act 1998:** The academy is registered under the Data Protection Act for holding personal data. The academy has a duty to protect this information and to keep it up to date. The academy is required to share some of the data with the Local Authority and with the DCSF.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_