

Beacon Hill Community School Data Collection Sheet 2017/2018

Surname: _____ Forename: _____

Middle Name(s): _____ Legal Surname: (If different) _____

Address: _____

Postcode: _____ Gender: _____ Date of Birth: _____

Please give details of all parents who have parental responsibility (PR please tick) and anyone else who may be contacted in an emergency.

(Place in the order you wish them to be contacted in an emergency)

Priority	PR (tick)	Name & Relationship	Address	Telephone/Mobile/ E-mail address
1				
2				
3				

Meal Arrangement (Please tick) Free Meal Paid Meal Packed Lunch

Travel Arrangements (Please tick) Bicycle Bus Car Taxi Train Other

Any parents part of armed forces personnel (within the last 6 years) YES/NO (Please circle)

Ethnicity _____ Home Language _____ Religion _____

Pupil's Medical Details *(please attach an additional sheet if required)*

Dietary Needs please tick any that apply

Vegetarian Gluten Free Dairy Allergy Nut Allergy Seafood Allergy

other (please specify) _____

Please provide further details on any allergies (e.g. severity of allergic reaction, EpiPen used etc.)

Medical Conditions e.g. asthma, diabetes etc. _____

Prescribed Medication *(inc. inhalers)* _____

Please ask for a Medication Consent form if medication needs to be administered in school

Medical Practice

Doctors Name: _____ Surgery Tel No _____

Surgery Address: _____

Office Use:

Locker Key Issued: yes/no Key Number: _____ Locker Number: _____