



# OTTERBURN FIRST SCHOOL

*Be Happy, aim high and achieve your full potential*

Dear Parents / Carers

Please find enclosed this year's data collection form. When checking the information, please pay particular attention to emergency contact numbers (in the order school should use them) and medical conditions.

Please also ensure you read the parental consent sheet and tick the appropriate boxes if you **do not** give permission.

Should you have any questions please do not hesitate to contact the school office.

Thank you in advance for your prompt return of the data collection sheet.

Copyright permission	The right to use your child's work and / or photograph in school; related media
Internet access	The permission for your child to use the internet, accepting the school will take reasonable precautions for online safety
Photograph student	Permission to photograph your child. Photographs of pupils will only be used with written parental permission obtained yearly on the data collection form. Photographs of pupils will never include pupil's names.
Sex education	Permission for your child to take part in the sex education curriculum
Data exchange	Permission for you child's data to be exchanged with other appropriate agencies
Sun cream	Permission to apply sun cream to your child
Administer first aid	In an emergency permission to administer first aid
Transport in car	In an emergency only permission to transport your child in a car
Pet animals	Permission for your child to pet animals N.B allergies
Plasters	Permission for school to apply plasters to your child N.B allergies
<b>Blanket Consent for educational trips</b>	<b>Permission for your child to attend all educational trips within school time.</b>

# Data Collection Form Updated June 2014

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

<b>Surname:</b> <b>Forename:</b>  <b>Chosen name:</b> <b>Date of Birth:</b> <b>Address:</b>  <b>Post Code:</b> <b>Telephone:</b> <b>Email:</b>	<b>Legal Surname:</b> <b>Middle name:</b>  <b>Gender:</b> <b>Reg Group:</b>
<b>Year:</b>	

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.

<b>Priority</b> 1	<b>Name/Relationship</b>	<b>Home Address/Phone/Mobile/Fax</b> <b>Home Address</b> <b>Tel:</b> <b>Mobile:</b>	<b>Work Address Phone/Email</b> <b>Place of Work</b> <b>Work Tel:</b> <b>Email:</b>
<b>Priority</b> 2	<b>Name/Relationship</b>	<b>Home Address/Phone/Mobile/Fax</b> <b>Home Address</b> <b>Tel:</b> <b>Mobile:</b>	<b>Work Address Phone/Email</b> <b>Place of Work</b> <b>Work Tel:</b> <b>Email:</b>
<b>Priority</b> 3	<b>Name/Relationship</b>	<b>Home Address/Phone/Mobile/Fax</b> <b>Home Address</b> <b>Tel:</b> <b>Mobile:</b>	<b>Work Address Phone/Email</b> <b>Place of Work</b> <b>Work Tel:</b> <b>Email:</b>

## Travel Arrangements -

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

<input type="checkbox"/> Bicycle	<input type="checkbox"/> Train	<input type="checkbox"/> Car/Van	<input type="checkbox"/> Walk	<input type="checkbox"/> Taxi	<input type="checkbox"/> School Bus	<input type="checkbox"/> Car Share
<input type="checkbox"/> London Underground	<input type="checkbox"/> Public Bus Service	<input type="checkbox"/> Metro/Train/Light Rail	<input type="checkbox"/> Other			

**Unless the school is informed otherwise these travel arrangements will be used in all instances/emergency's**

## 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Packed Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Dietary Needs:**

## Medical Practice:

**Address:**

**Telephone Number:**

## Current Parental Consents

### List of Parental Consents

**Please tick the appropriate box if you DO NOT give consent**

Copyright Permission ☐ Internet Access ☐ Photograph Student ☐ Sex Education ☐  
 Data Exchange ☐ School Visit ☐ Sun Cream ☐ Administer first aid ☐ Transport in car ☐  
 Pet animals ☐ Plasters ☐ School trips ☐ See attached note for details of parental consent.

## Medical Condition(s)

## Medical Note(s)

## Ethnicity :

**Home Language:**

**Religion:**

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

**Signature:**

**Date:**