|  |  |
| --- | --- |
|  | **Sixth Form Data Collection Sheet 2022 -23**  Please complete and return to: Mrs Bowden, Chosen Hill School,  Brookfield Road, Churchdown, Gloucester GL3 2PL |

|  |  |  |  |
| --- | --- | --- | --- |
| **Student surname:** |  | **Legal Surname:** |  |
| **Forename:** |  | **Middle name:** |  |
| **Chosen name:** |  | **Gender:** |  |
| **Date of Birth:** |  | | |
| **Address:** |  | | |
| **Postcode:** |  | | |
| **Student mobile:** |  | | |
| **Parent/Carer mobile:** |  | **Home Phone:** |  |
| **Email:** |  | | |

Please give details of all persons who have parental responsibility.

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority** | **Name/Relationship** | **Address (if different to students)** | **Contact** |
| 1 |  |  | Home: |
| Mobile: |
| Work |
| Email: |
| 2 |  |  | Home: |
| Mobile: |
| Work |
| Email: |

Please give details of anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted.

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority** | **Name/Relationship** | **Phone** | **Email** |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

**Travel arrangements to and from school**: Please tick the appropriate choice

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Bicycle** |  | **Car/Van** |  | **Walk** |  | **School Bus** |  | **Taxi** |  | **Other** |  |

**Dietary Needs: Meal Arrangment:** Please tick the appropriate choice:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Free School Meal\*** |  | **Paid School Meal** |  | **Sandwiches** |  | **Home** |  | **Other** |  |

\*If you are unsure if you are entitled to Free School Meals please contact the school and we can advise you.

**Continued overleaf …..**

**Medical**

|  |  |
| --- | --- |
| **Medical Practice:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Medical condition(s)** |  |
| **Medical note(s)** |  |
| **Ethnicity** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Home Language:** |  | **Religion:** |  |

|  |
| --- |
| **By signing this form, you agree to your child being photographed in school for publicity events/website/social media. If you do not want your child to have their photograph taken please let the school know in writing.** |

**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 DfES.**

|  |  |
| --- | --- |
| **Parent/Carer signature:** | **Date:** |