



Sixth Form Data Collection Sheet 2024 -25

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	<input type="checkbox"/>	Car/Van	<input type="checkbox"/>	Walk	<input type="checkbox"/>	School Bus	<input type="checkbox"/>	Taxi	<input type="checkbox"/>	Other	<input type="checkbox"/>
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Dietary Needs: Meal Arrangement: Please tick the appropriate choice:

Free School Meal*	<input type="checkbox"/>	Paid School Meal	<input type="checkbox"/>	Sandwiches	<input type="checkbox"/>	Home	<input type="checkbox"/>	Other	<input type="checkbox"/>
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*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:	
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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:
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