**THE EMMBROOK SCHOOL -** **DATA COLLECTION SHEET (Part 2)**

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| Please complete **ALL pages** of the Data Collection Sheet (Part 1 & Part 2), the Transfer Document (Part 3) and  the SEND Form (Part 4 if applicable). Once the documents have been downloaded and saved please remember to save the information as you complete each section.  **PARENTS/GUARDIANS AND EMERGENCY CONTACTS INFORMATION**  Please supply the following information for **both parents/legal guardians** who have legal parental responsibility together with any other emergency contacts. In the case of single parent families please provide the address and telephone numbers of both parents unless a court order prohibits this.  Please give full telephone dialling codes if the number **does not** start with 0118. We will assume that the mobile number provided is the main contact number unless you advise us otherwise.  Please provide an alternative contact if the first two contacts live at the same address as your child.  It would be useful if emergency contacts were in a position to collect your child in the event of illness/accident. |

***PLEASE ENSURE THAT ALL EMERGENCY CONTACTS AGREE TO***

***AND ARE HAPPY FOR THEIR DATA TO BE HELD BY US AND THAT THEY CONSENT***

***TO US CONTACTING THEM IF NECESSARY BY TELEPHONE/EMAIL.***

It is important that we are notified **immediately** of any changes to these details in order to keep our records accurate.

***PLEASE COMPLETE THE DETAILS OF THE CONTACT IN THE PRIORITY ORDER THAT YOU***

***WOULD LIKE US TO CONTACT THEM SHOULD THE NEED ARISE.***

***PLEASE COMPLETE A SEPARATE BOX FOR EACH CONTACT.***

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| **Contact 1:** Please provide full name including their title (Mr, Mrs, Ms, Miss etc) | | | **Gender:** (eg Male, Female) |
| **Please answer below the relationship to the child:** (eg Mum, Dad, Step-mum, Step-dad, Nan, Grandad, Aunt, Uncle, etc) | | | |
| **Please answer Yes or No to confirm the contact has Legal Parental Responsibility for the child.** | | | |
| **Please provide the full address including Town & Postcode:** | | | |
| **Contact’s Home Telephone No:** | **Contact’s Mobile Telephone No:** | | |
| **Contact’s Other No:** | **Contact’s Place of Work:** | | |
| **Contact’s Work No:** | **If part-time, please give days at work:** | | |
| **Name of Company:** | | | |
| **Occupation:** | **Job Title:** | | |
| **Contacts main email address:** | | Please confirm if Home or Work | |
| **Contacts 2nd email address if required:** | | Please confirm if Home or Work | |
| **Please answer Yes or No to confirm if the contact is a member of the Armed Forces:** | | | |

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| **Contact 2:** Please provide full name including their title (Mr, Mrs, Ms, Miss etc) | | | **Gender:** (eg Male, Female) |
| **Please answer below the relationship to the child:** (eg Mum, Dad, Step-mum, Step-dad, Nan, Grandad, Aunt, Uncle, etc) | | | |
| **Please answer Yes or No to confirm the contact has Legal Parental Responsibility for the child.** | | | |
| **Please provide the full address including Town & Postcode:** | | | |
| **Contact’s Home Telephone No:** | **Contact’s Mobile Telephone No:** | | |
| **Contact’s Other No:** | **Contact’s Place of Work:** | | |
| **Contact’s Work No:** | **If part-time, please give days at work:** | | |
| **Name of Company:** | | | |
| **Occupation:** | **Job Title:** | | |
| **Contacts main email address:** | | Please confirm if Home or Work | |
| **Contacts 2nd email address if required:** | | Please confirm if Home or Work | |
| **Please answer Yes or No to confirm if the contact is a member of the Armed Forces:** | | | |

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| **Contact 3:** Please provide full name including their title (Mr, Mrs, Ms, Miss etc) | | | **Gender:** (eg Male, Female) |
| **Please answer below the relationship to the child:** (eg Mum, Dad, Step-mum, Step-dad, Nan, Grandad, Aunt, Uncle, etc) | | | |
| **Please answer Yes or No to confirm the contact has Legal Parental Responsibility for the child.** | | | |
| **Please provide the full address including Town & Postcode:** | | | |
| **Contact’s Home Telephone No:** | **Contact’s Mobile Telephone No:** | | |
| **Contact’s Other No:** | **Contact’s Place of Work:** | | |
| **Contact’s Work No:** | **If part-time, please give days at work:** | | |
| **Name of Company:** | | | |
| **Occupation:** | **Job Title:** | | |
| **Contacts main email address:** | | Please confirm if Home or Work | |
| **Contacts 2nd email address if required:** | | Please confirm if Home or Work | |
| **Please answer Yes or No to confirm if the contact is a member of the Armed Forces:** | | | |

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| **Contact 4:** Please provide full name including their title (Mr, Mrs, Ms, Miss etc) | | | **Gender:** (eg Male, Female) |
| **Please answer below the relationship to the child:** (eg Mum, Dad, Step-mum, Step-dad, Nan, Grandad, Aunt, Uncle, etc) | | | |
| **Please answer Yes or No to confirm the contact has Legal Parental Responsibility for the child.** | | | |
| **Please provide the full address including Town & Postcode:** | | | |
| **Contact’s Home Telephone No:** | **Contact’s Mobile Telephone No:** | | |
| **Contact’s Other No:** | **Contact’s Place of Work:** | | |
| **Contact’s Work No:** | **If part-time, please give days at work:** | | |
| **Name of Company:** | | | |
| **Occupation:** | **Job Title:** | | |
| **Contacts main email address:** | | Please confirm if Home or Work | |
| **Contacts 2nd email address if required:** | | Please confirm if Home or Work | |
| **Please answer Yes or No to confirm if the contact is a member of the Armed Forces:** | | | |

**THE PARENT APP**

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| **If you have legal parental responsibility we can send you a username and password in September for the Parent App. This is our online service and will enable you to have access to information relating to your child such as their attendance, timetable, school reports, behaviour record etc.**  Please answer **Yes or No** to confirm that you would like access to the Parent App in September: |
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***BY COMPLETING AND RETURNING THESE FORMS, YOU CONFIRM THAT ALL EMERGENCY***

***CONTACTS AGREE TO, AND ARE HAPPY FOR THEIR DATA, TO BE HELD BY US***

***AS A CONTACT FOR YOUR CHILD AND THAT THEY CONSENT TO US CONTACTING***

***THEM BY TELEPHONE/EMAIL IF REQUIRED.***

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| **Name of Contact/s completing the form:** | **Relationship to the child:** | **Date:** |
| 1: |  |  |
| 2: |  |  |

The **General Data Protection Regulation** (**GDPR May 2018**)

The information given on these forms will be stored on the school’s administration computer system. This information will be used for educational purposes and will only be released to outside agencies connected to your child’s education and welfare. For more information please see our Privacy Notice on our website.

A computer printout of this information will be sent to you for checking after your child joins the school.