

## DATA COLLECTION SHEET – 2024/2025

<b>Chosen Surname:</b>  <b>Chosen Forename:</b>  <b>Middle Name:</b>  <b>Date of Birth:</b>  <b>Address:</b>   <b>Post Code:</b>	<b>Legal Surname:</b>  <b>Legal Forename:</b>  <b>Date of Birth:</b>  <b>Gender</b>
---	---

**Sibling Details (if present in SIMS):**

Name (Reg)	Date of Birth	Year Group	Gender

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.

***PLEASE NOTE: C2k Text Service is the primary mobile number to which school text messages are sent.***

Name/Relationship	Home Details	Work Details
1	<b>Tel:</b>  <b>Mobile:</b> <b>C2k Text Service: Yes/ No</b> <b>Primary Email:</b>	<b>Place of work:</b>  <b>Tel:</b>
2	<b>Tel:</b>  <b>Mobile:</b> <b>Primary Email:</b>	<b>Place of work:</b> <b>Tel:</b>
3	<b>Tel:</b>  <b>Mobile:</b> <b>Primary Email:</b>	<b>Place of work:</b> <b>Tel:</b>

<b>Travel Arrangements:</b> Please indicate preferred method of travel	
Car	Taxi
Walk	Creche

**Sure Start Information**

Previously registered with Sure Start Programme:  
Previously attended a Sure Start Programme:

**Medical Practice:**  
**Address:**

**Telephone**  
**Number:**

**Birth Information**

<b>Full Term</b>	<b>Moderate to late pre-term</b>	<b>Very Pre-term</b>	<b>Prefer not to say</b>
37-41 weeks	32-36 weeks	28-31 weeks	

**Medical Condition(s)**

**Medical Note Summary**

**Student Disability: Please select**

No Disability	Physical Impairment	Mental Impairment	Physical and Mental Impairment
---------------	---------------------	-------------------	--------------------------------

**Ethnicity :**  
**Home Language:**

**Religion:**

The data being collected, controlled and processed is in line with General Data Protection Regulations (GDPR)  
The school has a duty to protect this data and to keep it up to date. The school is required to share some of the data with the Education Authority and with the Department of Education

**Signature:**

**Date:**

**DATA COLLECTION SHEET – 2024/2025**