

Data Collection Sheet

Please complete ALL sections

Surname:		Legal Surname:	
Forename:		Middle name:	
Chosen name:		Gender:	
Date of Birth:			
Home Address:			
Home Post Code:			

Please give details of all persons who have **parental responsibility** & anyone you wish to be contacted in an emergency. We need at least **four contacts** in case of an emergency. Place them in the order that you wish for them to be contacted.

Priority	Name	Home Address/Phone/Mobile/Fax
1	Mr/Mrs/Ms	Address:
	Forename:	Home Tel:
	Surname:	Work Tel:
	Relationship	Mobile:
	Parental responsibility <input type="checkbox"/>	Email:
2	Mr/Mrs/Ms	Address:
	Forename:	Home Tel:
	Surname:	Work Tel:
	Relationship	Mobile:
	Parental responsibility <input type="checkbox"/>	Email:
3	Mr/Mrs/Ms	Address:
	Forename:	Home Tel:
	Surname:	Work Tel:
	Relationship	Mobile:

	Parental responsibility <input type="checkbox"/>	Email
4	Mr/Mrs/Ms	Address:
	Forename:	Home Tel:
	Surname:	Work Tel:
	Relationship	Mobile:
	Parental responsibility <input type="checkbox"/>	Email:

Ethnicity:		Religion:	
Home Language: (the main language spoken at home now)		First Language: (the language spoken to them in their first year)	
Country of Birth:		Nationality:	

I give permission for my child's photograph/image to be used on the academy website/official social media, official prospectus and external media such as newspapers. If you do not give permission, please email office@castlehall.com with your child's name and date of birth.

The Academy aims to ensure that all personal data collected about staff, students, parents, governors, visitors and other individuals is collected, stored and processed in accordance with the General Data Protection Regulation (GDPR) and the provisions of the Data Protection Act 2018 (DPA 2018) as per the privacy policy on our website.

Signature:

Date: