|  |  |  |  |
| --- | --- | --- | --- |
| **FOR OFFICE USE** | Date of Admission to School: | Class: | Data entered: |

# DATA COLLECTION FORM

# Please complete the details below and return this form to your child’s teacher as soon as possible

|  |  |  |  |
| --- | --- | --- | --- |
| **Preferred Surname:** |  | **Legal Surname:** (if different) |  |
| **Preferred Forename:** |  | **Legal Forename:** (if different) |  |
| **Middle Name:** |  | **Gender:** | **Male / Female** |
| **Date of Birth:** |  | **Brother/Sister in School** | **Yes / No** |
| **Name(s) of Brother/Sister(s)**  |  |
| **Address:***(Must include House Name or House Number)* |  |
|  | **Post Code:** |  |

**Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Circle the priority in the order that you wish for them to be contacted.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parent /Guardian** | **Relationship to Pupil e.g. Parent/Step-parent:** | **Priority** please circle | **1** | **2** | **3** |
| **Surname:** | **Forename:** | **Title:** | **Mr/Mrs/Ms** |
| **Address:** | **Postcode:** |
| **Home Tel:** | **Mobile:** | **Text Service (see Overleaf):****🞎** |
| **Work Tel:** | **Email:** |
| **Parent /Guardian** | **Relationship to Pupil e.g. Parent/Step-parent:** | **Priority** please circle  | **1** | **2** | **3** |
| **Surname:** | **Forename:** | **Title:** | **Mr/Mrs/Ms** |
| **Address:**  | **Postcode:** |
| **Home Tel:** | **Mobile:** | **Text Service (see Overleaf):****🞎** |
| **Work Tel:** | **Email:** |
| **Other Contact** | **Relationship to Pupil e.g. Grandparent/Childminder:** | **Priority** please circle  | **1** | **2** | **3** |
| **Surname:** | **Forename:** | **Title:** | **Mr/Mrs/Ms** |
| **Home Tel:** | **Mobile:** |

|  |  |
| --- | --- |
| **Meal Arrangements (Circle appropriate choice below)** | **Eligible for Free Meals Yes/No** |
| Free School Meal | Paid School Meal | Sandwiches | Home | Other |

|  |  |
| --- | --- |
| **Medical Practice:** | **Telephone:** |
| **Address of Medical Practice:** |
| **Medical** **Information:** | **Special** **Dietary Needs:** |
| **Pupil Disability (Circle appropriate choice**): (See Overleaf) | No Disability | Physical Impairment | Mental Impairment | Mental & Physical Impairment |

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| --- | --- | --- |
| **Ethnicity** (See overleaf)**:** | **Home Language** (See overleaf)**:** | **Religion** (See overleaf)**:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Previously registered with a Sure Start project (Circle appropriate choice)** | Yes | No | Do not know |
| **Attended a Sure Start Programme for 2-3 year olds (Circle appropriate choice)** | Yes | No | Do not know |

|  |  |  |
| --- | --- | --- |
| **Pre-School Experience (Circle appropriate choice):**  | Nursery School or Nursery class in a PS | No pre-school education setting |
| Nursery Unit within a Special School  | Reception class or group in a PS  | Voluntary or private playgroup  | Unknown |

|  |  |
| --- | --- |
| **Previous School:** | **Date of Admission:** |
| **Reason for Leaving:** | **Date of Leaving:** |
|  |  |  |  |
| 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:** |

**Text Service Number:**

The school uses a Text Service to inform nominated parent/guardian contacts of events or unplanned closures. Please tick the mobile number on which you wish to receive the Text Message.

**Disability**

The definition for disability is that a child ‘has a disability if he or she has a physical or mental impairment which has a substantial and long-term (has lasted or is likely to last 12 months or more) adverse effect on his/her ability to carry out normal day-to-day activities’. Physical impairments relate to those affecting the senses such as sight and hearing, heart disease, diabetes, epilepsy. Mental Impairments include learning disabilities and mental ill health.

**Religion/Ethnicity/Home Language:**

The following tables outline the categories used by the Department of Education for the School Census returns. Please indicate your selection in the appropriate section on the attached form.

**Religion**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Bahai | Baptist | Brethren | Buddhist | Church of England |
| Church of God | Church of Ireland | Church of Jesus Christ of LDS | Church of Scotland | Congregational Church |
| Elim | Free Methodist | Free Presbyterian | Hindu | Independent Methodist |
| Jehovah Witness | Jewish | Methodist | Moravian | Muslim |
| No Religion | Other Christian | Other Protestant | Pentecostal | Presbyterian |
| Quaker | Roman Catholic | Salvation Army | Seventh Day Adventist | Sikh |
| Unclassified |  |  |  |  |

**Ethnicity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Bangladeshi | Black – African | Black – Caribbean | Black – Other | Chinese/Hong Kong |
| Indian/Sri Lankan | Irish Traveller | Korean | Malaysian | Mixed Ethnic Group |
| Other Non White | Pakistani | Roma | Vietnamese | White |

**Home Language**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Afrikaans | Akan/Twi-Fante | Albanian/Shqip | Arabic | Belarusian |
| Bengali/Bangla/Sylheti | British Sign Language | Bulgarian | Burmese/Myanma | Chinese (Any Other) |
| Chinese (Cantonese) | Chinese (Hakka) | Chinese (Hokkien/Fujianese) | Chinese (Mandarin/Putonghua) | Creole English |
| Creole French | Czech | Danish | Dutch/Flemish | Edo/Bini |
| English | Esan/Ishan | Estonian | Fijian | Finnish |
| French | Gaelic (Scotland) | German | Greek | Gujarati |
| Hebrew | Hindi | Hungarian | Icelandic | Igbo |
| Irish | Irish Sign Language | Italian | Japanese | Kannada |
| Kashmiri | Kikuyu/Gikuyu | Korean | Kurdish | Latvian |
| Lingala | Lithuanian | Luganda/Ganda | Macedonian | Malay/Indonesian |
| Malayalam | Maltese | Marathi | Matebele | Ndebele |
| Nepali | Norwegian | Oriya | Other Language | Pahari/Himachali (India) |
| Panjabi | Pashto/Pakhto | Persian/Farsi | Polish | Portuguese |
| Rajasthani/Marwari | Romanian | Romany | Russian | Serbian/Croatian/Bosnian |
| Shona | Sindhi | Sinhala/Sinhalese | Slovak | Slovenian |
| Somali | Sotho/Sesotho | Spanish | Swahili/Kiswahili | Swedish |
| Tagalog/Filipino | Tamil | Telugu | Tetum | Thai |
| Tibetan | Tsonga | Tswana/Setswana | Turkish | Ukrainian |
| Ulster Scots | Urdu | Venda | Vietnamese | Welsh/Cymraeg |
| Xhosa | Yiddish | Yoruba | Zulu |  |