

## Great Dunmow Primary School Data Collection Sheet

Please complete the information below. The details will be entered onto the computer. Information will not be released to any third party.

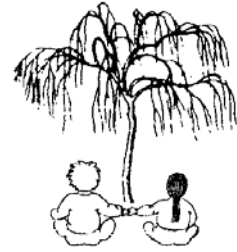
Surname		Gender Girl/Boy	
First Name		Middle Names	
Chosen Name		Date of Birth	
Address			
Post Code		Telephone No.	

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in order you wish them to be contacted.

1. Name		Relationship to child	
Address			
Post Code		Telephone No.	
Work No.		Mobile No.	

2. Name		Relationship to child	
Address			
Post Code		Telephone No.	
Work No.		Mobile No	

3. Name		Relationship to child	
Address			
Post Code		Telephone No.	
Work No.		Mobile No.	



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4. Name	<input type="text"/>	Relationship to child	<input type="text"/>
Address	<input type="text"/>		
Post Code	<input type="text"/>	Telephone No.	<input type="text"/>
Work No.	<input type="text"/>	Mobile No.	<input type="text"/>

### TRAVEL ARRANGEMENTS

Bicycle	<input type="checkbox"/>	Train	<input type="checkbox"/>	Bus	<input type="checkbox"/>	Walks	<input type="checkbox"/>
Car	<input type="checkbox"/>	Coach	<input type="checkbox"/>	Taxi	<input type="checkbox"/>	Other	<input type="checkbox"/>

### DIETARY NEEDS

### MEAL ARRANGEMENT

Free School Meal	<input type="checkbox"/>	Paid School Meal	<input type="checkbox"/>	Sandwiches	<input type="checkbox"/>
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### MEDICAL INFORMATION

Doctor

Address

Telephone No.

Essential Medical Information relating to the child (e.g. disabilities, chronic conditions, allergies)

Ethnic Origin

Home Language

Religion

Other Languages

Previous School

Address

Telephone No.

Are there any legal orders relating to this child? YES/NO (Please delete as appropriate)