

Data Collection Sheet

Surname: _____ Legal Surname: _____

Forename(s) _____ Chosen Name: _____

Date of Birth: _____ Gender: Male Female

Address: _____

_____ Post Code: _____

Student Start Date: _____ Previous School _____

Please give details below of all persons who have parental responsibility and anyone else you wish the Academy to contact in an emergency.

Name and address of Parents/Carers in **priority** contact order: **The Priority 1 email address** will be used for access to the Q3 Parent Portal and for Academy notifications, such as student absences and event reminders (e.g. Parent Consultation Evening).

<p>1. Name: Relationship: Address:</p> <p>Home Telephone Number: Mobile Number: Work Number:</p> <p>e-mail address:</p>	<p>2. Name: Relationship: Address:</p> <p>Home Telephone Number: Mobile Number: Work Number:</p> <p>e-mail address:</p>
<p>3. Name: Relationship: Address:</p> <p>Home Telephone Number: Mobile Number: Work Number:</p> <p>e-mail address:</p>	<p>4. Name: Relationship: Address:</p> <p>Home Telephone Number: Mobile Number: Work Number:</p> <p>e-mail address:</p>

Doctor's Name and Address:

Doctor's Telephone Number:

Medical Card Number: _____

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Medical Conditions the Academy should know about:

Any other medical/health information the Academy should know about:

Any dietary requirements i.e: vegetarian/ halal/ gluten free/ no seafood/ no nuts etc:

Applicants Ethnicity:

- White** () English
() Irish
() Traveller of Irish Heritage
() Gypsy/Romany
() Other

- Mixed** () White and Black Caribbean
() White and Black African
() White and Asian
() Any other Mixed background

- Asian or Asian British**
() Indian
() Pakistani
() Bangladeshi
() Any other Asian Background

- Black or Black British**
() Caribbean
() African
() Any other Black background

() Chinese

() Any Other Ethnic Background

Country of Birth: _____

Nationality: _____

Home Language: _____

Religion: _____

I do not wish an ethnic background category to be recorded: ()

This information has been provided by: Parent () Student ()

Mode of Transport:

Car share	Car/van	Cycle *	Public Bus	Taxi	Walk	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***I hereby support the Academy by ensuring my son/daughter wears a cycle safety helmet to/from the Academy for protection**

Parent Signature:..... Date:.....

Data Collection Sheet

School Meal Arrangement:

Sandwiches

Free School Meals

Paid School Meals

Home

Other

Please name any siblings at Q3 Academy; _____

Student lives with:

Mother

Father

Stepmother

Stepfather

Carer/Other

If Carer/Other please specify:

I understand that I will advise the Academy as soon as possible if there are any changes in the above information in order for them to update my child's data.

Data Protection Act:

Q3 Academy is registered under the Data Protection Act for holding personal data. The Academy has a duty to protect this information and to keep it up to date. The Academy is required to share some of the data with the Local Education Authority and with the DFE.

This is a true and accurate record of my son/daughter.

Signed:

Parent/Carer _____ Name in full: _____

Date: _____