

Data Collection Sheet

Please complete details and return to the school office.

Surname:			
Forename:		Middle name:	
Chosen name:		Gender:	
Date of Birth:	Year:	Reg Group:	Reception
Address:			
Post Code:			
Telephone:			
Email:			

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.

Priority	Name/Relationship	Home Address/Phone/Mobile/Fax	Work Address Phone/Email
1			Tel: Email:
2			Tel: Email:
3			Tel: Email:

Names of siblings	Date of birth

Medical Practice:
Address:
Telephone Number:
Medical Conditions:

Tasting Foods

During your child's time at St Thomas More they will be tasting different foods eg. fruit, vegetables, breads. If you do not wish your child to take part in tasting activities please indicate below. If you know of any food allergies your child may have or there are any types of foods your child would not like to taste please also indicate below.

I do/do not give permission for my child to take part in food tasting activities.

My child is allergic to _____

I would not like my child to taste _____

Signed _____

Ethnicity :**Home Language:****Religion:****First Language:****Permission for Walking Outside School Premises**

During the year as part of the curriculum, teachers may wish to take their class out into the local area to look at buildings or places of special interest, taking advantage of the weather conditions on the day.

Kindly sign below to allow your child to take part in any such activity. All walks are supervised in the ratio of 1 adult: 10 pupils (Infants), 1 adult : 15 pupils (Juniors).

I give permission for _____ to leave the school grounds under proper supervision, as part of the general curriculum work.

Signed _____ Please Print _____

Usual Travel Arrangements	
School Transport	
Car	
Walk	