

Ridgeway Rainbow Tots

Schools Information Management System
DATA CHECKING SHEET

As part of the school's legal responsibilities and public duty regarding GDPR we are required to collect the information below. It will be stored electronically on the secure MIS systems used by Staffordshire schools.

CHILD'S INFORMATION

Surname:
(Name on Birth Certificate)

Surname:
(If wishes to be KNOWN by different surname)

Forename:

Middle Name(s):

Date of Birth:

Male/Female:

Address:

Home Telephone No:

.....

Postcode:

PARENTAL INFORMATION (All persons who have LEGAL responsibility for the above child)

Mr/Mrs/Miss/Ms

Mr/Mrs/Miss/Ms

Address: (if different from above).....

Address: (if different from above)

.....

.....

Postcode:

Postcode:

Phone No:

Phone No:

Email Address:.....

Email Address:.....

Are there any court orders which relate to the child? YES/NO

If YES please give details

.....

PREVIOUS Settings

.....

.....

MEDICAL INFORMATION

Medical Practice: Telephone number of practice:

Name of Doctor:

Address:

Name of Health Visitor:

Medical conditions that may affect your child in Nursery

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Please give details of any medication that may need to be given in the Nursery setting

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| TRAVEL ARRANGEMENTS – Please tick as appropriate |
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Bicycle _____ School bus _____ Car _____ Public transport _____ Taxi _____ Walk _____

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|----------|
| SIBLINGS |
|----------|

If there are younger brothers or sisters at home, please give the name(s) and date(s) of birth below.

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Please give details of all persons to be contacted should an EMERGENCY arise. Please give the telephone number and location of where you can be contacted during school hours i.e. Daytime place: work 8 – 12.30 home 1pm onwards. Please indicate the preferred order in which contacts should be telephoned. RELATION = Parent, Aunt, Grandmother, Neighbour etc

Contact Priority No 1

Mr/Mrs/Miss/Ms

Forename:

Daytime phone number:

Daytime place:

Home Address:

Postcode:

Relation:

Contact Priority No 3

Mr/Mrs/Miss/Ms

Forename:

Daytime phone number:

Daytime place:

Home Address:

Postcode:

Relation:

Contact Priority No 2

Mr/Mrs/Miss/Ms

Forename:

Daytime phone number:

Daytime place:

Home Address:

Postcode:

Relation:

Contact Priority No 4

Mr/Mrs/Miss/Ms

Forename:

Daytime phone number:

Daytime place:

Home Address:

Postcode:

Relation:

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|----------------------|
| CULTURAL INFORMATION |
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HOME LANGUAGE: RELIGION:

ETHNIC ORIGIN (We are required to provide this information to the DfEE)

Please complete the following for your child by ticking the box. Ethnic background is not the same as nationality or country of birth. More detailed information is available from the office. Please ask if you require any help with this matter.

| | | | |
|------------------------------------|--|--|--|
| White - British | | Asian or British Asian - Bangladeshi | |
| White - Irish | | Asian or British Asian – Any other | |
| White – Any other | | Black or Black British - Caribbean | |
| Mixed – White & Black Caribbean | | Black or Black British - African | |
| Mixed – White & Black African | | Black or Black British – Any other | |
| Mixed – White & Asian | | Chinese | |
| Mixed – Any other | | Any other ethnic background | |
| Asian or British Asian - Indian | | I do not wish an ethnic background category to be recorded | |
| Asian or British Asian - Pakistani | | | |

Signature(s) Parent/Guardian Date: