

Ridgeway Primary School

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

STUDENT 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 student)

Mr/Mrs/Miss/Ms

Mr/Mrs/Miss/Ms

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

Address: (if different from above)

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.....

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

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EDUCATIONAL HISTORY – PREVIOUS SCHOOLS or NURSERIES

School	Address (including phone number if possible)	Date of arrival	Date of leaving
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MEDICAL INFORMATION

Medical Practice: Telephone number of practice:

Name of Doctor:

Address:

Medical conditions that may affect your child in school.....

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Please turn over

TRAVEL ARRANGEMENTS – Please tick as appropriate

Bicycle _____ School bus _____ Car _____ Public transport _____ Taxi _____ Walk _____

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:

Mobile phone number for text messaging:

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 3

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:

CULTURAL INFORMATION

HOME LANGUAGE: RELIGION:
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COUNTRY OF BIRTH: NATIONALITY:

ETHNIC ORIGIN:

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.....