

**ST JOHN PLESSINGTON CATHOLIC COLLEGE**

**PUPIL DATA COLLECTION SHEET**

**Please complete your information below**

<b>PUPIL DETAILS</b>		Year Group	
Preferred Surname (known as)		Legal Surname	
Preferred Forename (known as)		Legal Forename	
Middle Name(s)		Gender	
Date of Birth			
Address			

<b>PARENT/CARER DETAILS</b> - details of anyone you want to be contacted in an emergency <b>IN PRIORITY ORDER</b>	Relationship to child & Email Address	Home Address	Mobile phone /Home Phone /Work Phone (put in priority order)
Contact No 1 Mr/Mrs/Ms/Miss <b>Full Name</b>	Relationship  Email Address		1  2  3
Contact No 2 Mr/Mrs/Ms/Miss <b>Full Name</b>	Relationship  Email Address		1  2  3
Contact No 3 Mr/Mrs/Ms/Miss <b>Full Name</b>	Relationship  Email Address		1  2  3
Contact No 4 Mr/Mrs/Ms/Miss <b>Full Name</b>	Relationship  Email Address		1  2  3

<b>Dietary Needs Meal Arrangement - please tick (✓) the appropriate choice</b>	
Free School Meal	
Paid School Meal	
Packed Lunch	
Dietary Needs/Preference/Allergy	

**PLEASE TURN OVER TO COMPLETE**

<b>Doctor Details</b>	
Medical Practice Address	
Doctor Name	
Telephone Number	

<b>Pupil Details</b>	
Ethnicity	
First Language	
Home Language	
Country of Birth	
Nationality	
Religion – please circle	Roman Catholic / Christian Buddhist / Hindu / Jewish / Muslim / Sikh No Religion / Other Religion / Refused

<b>Travel Arrangements to College – please tick (✓) the appropriate choice</b>			
Bus Bus Route Number		Walk	
		Car	
Train From Station		Bicycle	
	.....Station to Bebington	Taxi	

<b>Looked After Children</b>	
Is your child, or has your child ever been looked after by a Local Authority?	Yes / No

<b>Previous School</b>	
Previous School Name	
Address	

<b>Signature of Parent/Carer 1</b>	
<b>Signature of Parent/Carer 2</b>	