

DATA CHECKING SHEET

Please complete your contact inform below is correct. Fill in any missing details.

| | | | |
|-----------------------|----------------------|----------------------|----------------------|
| Surname | <input type="text"/> | Forename | <input type="text"/> |
| Middle Name(s) | <input type="text"/> | Chosen Name | <input type="text"/> |
| Gender | <input type="text"/> | Date of Birth | <input type="text"/> |
| Address | <input type="text"/> | | |
| Post Code | <input type="text"/> | | |

| | | | | | | | |
|-------------|----------------------|---------------|----------------------|--------------|----------------------|--------------|----------------------|
| Year | <input type="text"/> | Reg Gp | <input type="text"/> | House | <input type="text"/> | Adno. | <input type="text"/> |
|-------------|----------------------|---------------|----------------------|--------------|----------------------|--------------|----------------------|

| No. | Name/Relationship In priority order | Home Address | Home Phone/Mobile/ Work Phone (put in order of contact) |
|-----|--|--------------|---|
| 1. | | | 1 2 3 |
| 2. | | | 1 2 3 |
| 3. | | | 1 2 3 |
| 4. | | | 1 2 3 |

Travel Arrangement - please tick the appropriate choice

Bicycle
 Train
 Bus
 Walks
 Car
 Coach
 Taxi
 Other
 Bus Route No

Dietary Needs

Meal Arrangement

Free School Meal
 Paid School Meal
 Sandwiches
 Home
 Other

| | |
|----------------------------|----------------------|
| Doctor | <input type="text"/> |
| Address | <input type="text"/> |
| Telephone | <input type="text"/> |
| Medical Information | <input type="text"/> |

Religion

Previous School

Address

Tel No.

Unique Pupil No.

Nationality

Country of Birth

Ethnic Origin

Home Language

Signature of Parent / Carer 1

Signature of Parent / Carer 2