**Poulton Lancelyn Primary School**

**PUPIL DATA COLLECTION SHEET GDPR**

Poulton Lancelyn is committed to protecting the privacy and security of your personal information in accordance with the General Data Protection Regulation (GDPR). Please see the Privacy Notice for further information on the information the school collects, process, holds and shares.

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| --- | --- | --- | --- | --- | --- |
| **CHILD’S DETAILS** | | | | | |
| **Legal Surname:-** | | | **Legal Forename:-** | | |
| **Preferred Surname:-** | | | **Preferred Forename:-** | | |
| **Middle Name:-** | | **Gender:-** | | | **Date of Birth:-** |
| **Nationality: -**  **Ethnicity: -** | **First Language: -**  **Language spoken at home:-** | | | **Religion: -**  **Country of birth:-** | |
| **Address: -** | | | | | |
| **If parents are separated and request separate information to be sent to them directly, please email school office [schooloffice@poultonlancelyn.wirral.sch.uk](mailto:schooloffice@poultonlancelyn.wirral.sch.uk) to notify and this will be addressed.** | | | | | |

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| **PARENT/GUARDIAN CONTACT DETAILS**  ***Please give details of all persons who have parental responsibilities and anyone else you wish to be contacted in an emergency. Place them in order that you wish for them to be contacted in an emergency.*** | | | |
| **PRIORITY** | **NAME/RELATIONSHIP** | **HOME ADDRESS/PHONE/EMAIL** | **WORK ADDRESS/PHONE/EMAIL** |
| **1** | **Name:-**  **Relationship:-** | **Address:-**  [**Tel:-**](Tel:-)  **Mobile:-**  **Email:-** | **Address:-**  [**Tel:-**](Tel:-)  **Mobile:-**  **Email:-** |
| **2** | **Name:-**  **Relationship:-** | **Address:-**  [**Tel:-**](Tel:-)  **Mobile:-**  **Email:-** | **Address:-**  [**Tel:-**](Tel:-)  **Mobile:-**  **Email:-** |
| **3** | **Name:-**  **Relationship:-** | **Address:-**  [**Tel:-**](Tel:-)  **Mobile:-**  **Email:-** | **Address:-**  [**Tel:-**](Tel:-)  **Mobile:-**  **Email:-** |
| ***This information helps us to plan for your child and create a Health Care Plan (HCP)if required to ensure we meet their needs in school***  **Medical Information about your child (Medical Conditions, Allergies, Food Intolerance, Dietary needs):-** | | | |
| **Any other agencies involved with your child e.g. Speech and Language, Physio etc. Please give contact details** | | | |
| **Physical Disabilities (Include vision/hearing etc)(Helps staff to plan/support for pupils)** | | | |
| ***Special Category Data - This data about your child is used to inform school census, help staff to plan/support for pupils/help to accommodate religious festivals/holidays)*** | | | |

**Signature Date**