

FOR OFFICE USE

Date of Admission to School:

Class:

Data entered:

**DATA COLLECTION FORM**

Please complete the details below and return this form to your child's teacher as soon as possible

<b>Preferred Surname:</b>		<b>Legal Surname:</b> (if different)	
<b>Preferred Forename:</b>		<b>Legal Forename:</b> (if different)	
<b>Middle Name:</b>		<b>Gender:</b>	<b>Male / Female</b>
<b>Date of Birth:</b>		<b>Brother/Sister in School</b>	<b>Yes / No</b>
<b>Name(s) of Brother/Sister(s)</b>			
<b>Address:</b> <i>(Must include House Name or House Number)</i>			
		<b>Post Code:</b>	

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Circle the priority in the order that you wish for them to be contacted.

<b>Parent /Guardian</b>	<b>Relationship to Pupil e.g. Parent/Step-parent:</b>	<b>Priority</b> please circle	<b>1</b>	<b>2</b>	<b>3</b>
<b>Surname:</b>	<b>Forename:</b>	<b>Title:</b>	<b>Mr/Mrs/Ms</b>		
<b>Address:</b>		<b>Postcode:</b>			
<b>Home Tel:</b>	<b>Mobile:</b>	<b>Text Service (see Overleaf):</b> <input type="checkbox"/>			
<b>Work Tel:</b>	<b>Email:</b>				
<b>Parent /Guardian</b>	<b>Relationship to Pupil e.g. Parent/Step-parent:</b>	<b>Priority</b> please circle	<b>1</b>	<b>2</b>	<b>3</b>
<b>Surname:</b>	<b>Forename:</b>	<b>Title:</b>	<b>Mr/Mrs/Ms</b>		
<b>Address:</b>		<b>Postcode:</b>			
<b>Home Tel:</b>	<b>Mobile:</b>	<b>Text Service (see Overleaf):</b> <input type="checkbox"/>			
<b>Work Tel:</b>	<b>Email:</b>				
<b>Other Contact</b>	<b>Relationship to Pupil e.g. Grandparent/Childminder:</b>	<b>Priority</b> please circle	<b>1</b>	<b>2</b>	<b>3</b>
<b>Surname:</b>	<b>Forename:</b>	<b>Title:</b>	<b>Mr/Mrs/Ms</b>		
<b>Home Tel:</b>	<b>Mobile:</b>				

<b>Meal Arrangements (Circle appropriate choice below)</b>					<b>Eligible for Free Meals</b>	<b>Yes/No</b>
Free School Meal	Paid School Meal	Sandwiches	Home	Other		

<b>Medical Practice:</b>		<b>Telephone:</b>			
<b>Address of Medical Practice:</b>					
<b>Medical Information:</b>			<b>Special Dietary Needs:</b>		
<b>Pupil Disability (Circle appropriate choice):</b> (See Overleaf)	No Disability	Physical Impairment	Mental Impairment	Mental & Physical Impairment	
<b>Ethnicity (See overleaf):</b>	<b>Home Language (See overleaf):</b>		<b>Religion (See overleaf):</b>		

<b>Previously registered with a Sure Start project (Circle appropriate choice)</b>	Yes	No	Do not know
<b>Attended a Sure Start Programme for 2-3 year olds (Circle appropriate choice)</b>	Yes	No	Do not know

<b>Pre-School Experience (Circle appropriate choice):</b>	Nursery School or Nursery class in a PS	No pre-school education setting
Nursery Unit within a Special School	Reception class or group in a PS	Voluntary or private playgroup
		Unknown

<b>Previous School:</b>	<b>Date of Admission:</b>
<b>Reason for Leaving:</b>	<b>Date of Leaving:</b>

The data being collected, controlled and processed is in line with General Data Protection Regulations (GDPR)  
The school has a duty to protect this data and to keep it up to date. The school is required to share some of the data with the Education Authority and with the Department of Education.

**Signature:****Date:**

**Text Service Number:**

The school uses a Text Service to inform nominated parent/guardian contacts of events or unplanned closures. Please tick the mobile number on which you wish to receive the Text Message.

**Disability**

The definition for disability is that a child 'has a disability if he or she has a physical or mental impairment which has a substantial and long-term (has lasted or is likely to last 12 months or more) adverse effect on his/her ability to carry out normal day-to-day activities'. Physical impairments relate to those affecting the senses such as sight and hearing, heart disease, diabetes, epilepsy. Mental Impairments include learning disabilities and mental ill health.

**Religion/Ethnicity/Home Language:**

The following tables outline the categories used by the Department of Education for the School Census returns. Please indicate your selection in the appropriate section on the attached form.

**Religion**

Bahai	Baptist	Brethren	Buddhist	Church of England
Church of God	Church of Ireland	Church of Jesus Christ of LDS	Church of Scotland	Congregational Church
Elim	Free Methodist	Free Presbyterian	Hindu	Independent Methodist
Jehovah Witness	Jewish	Methodist	Moravian	Muslim
No Religion	Other Christian	Other Protestant	Pentecostal	Presbyterian
Quaker	Roman Catholic	Salvation Army	Seventh Day Adventist	Sikh
Unclassified				

**Ethnicity**

Bangladeshi	Black – African	Black – Caribbean	Black – Other	Chinese/Hong Kong
Indian/Sri Lankan	Irish Traveller	Korean	Malaysian	Mixed Ethnic Group
Other Non White	Pakistani	Roma	Vietnamese	White

**Home Language**

Afrikaans	Akan/Twi-Fante	Albanian/Shqip	Arabic	Belarusian
Bengali/Bangla/Sylheti	British Sign Language	Bulgarian	Burmese/Myanma	Chinese (Any Other)
Chinese (Cantonese)	Chinese (Hakka)	Chinese (Hokkien/Fujianese)	Chinese (Mandarin/Putonghua)	Creole English
Creole French	Czech	Danish	Dutch/Flemish	Edo/Bini
English	Esan/Ishan	Estonian	Fijian	Finnish
French	Gaelic (Scotland)	German	Greek	Gujarati
Hebrew	Hindi	Hungarian	Icelandic	Igbo
Irish	Irish Sign Language	Italian	Japanese	Kannada
Kashmiri	Kikuyu/Gikuyu	Korean	Kurdish	Latvian
Lingala	Lithuanian	Luganda/Ganda	Macedonian	Malay/Indonesian
Malayalam	Maltese	Marathi	Matebele	Ndebele
Nepali	Norwegian	Oriya	Other Language	Pahari/Himachali (India)
Panjabi	Pashto/Pakhto	Persian/Farsi	Polish	Portuguese
Rajasthani/Marwari	Romanian	Romany	Russian	Serbian/Croatian/Bosnian
Shona	Sindhi	Sinhala/Sinhalese	Slovak	Slovenian
Somali	Sotho/Sesotho	Spanish	Swahili/Kiswahili	Swedish
Tagalog/Filipino	Tamil	Telugu	Tetum	Thai
Tibetan	Tsonga	Tswana/Setswana	Turkish	Ukrainian
Ulster Scots	Urdu	Venda	Vietnamese	Welsh/Cymraeg
Xhosa	Yiddish	Yoruba	Zulu	