Maltby Lilly Hall Academy

DATA COLLECTION SHEET

To ensure our database is up-to-date and so we can keep in touch via the MyEd service, please complete your details on this form and return to the school office.

Surname:		**Legal Surname:**
Forename:		**Middle name:**
Chosen name:		**Gender:**
Date of Birth:	**Year:**	**Reg Group:**
Address:		
Post Code:		
Telephone:		
Email:		

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

Priority	Name/Relationship	Home Address/Phone/Mobile/Fax	Work Address Phone/Email
1		**Tel:** **Mobile:**	**Tel:** **Email:**
2		**Tel:** **Mobile:**	**Tel:** **Email:**
3		**Tel:** **Mobile:**	**Tel:** **Email:**

Travel Arrangements

If the above information is incorrect, please tick the appropriate choice

☐ Bicycle ☐ Train ☐ Car/Van ☐ Walk ☐ Taxi ☐ School Bus ☐ Car Share
☐ London Underground ☐ Public Bus Service ☐ Metro/Train/Light Rail ☐ Other

Route

Dietary Needs
Dietary Preferences
Meal Arrangement

If the above information is incorrect, please tick the type of meal to have for each day of the week below.

Type of meal	Mon	Tue	Wed	Thu	Fri
School Meal					
Packed Lunch					
Home					

Medical Practice	Address	Telephone Number

Medical Condition(s)

Medical Note(s)

Disabilities

Ethnicity:	**Religion:**
Home Language:	**First Language:**
Country of Birth:	**Nationality:**

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:**