

Pupil Data Collection

Data Protection: The school has a duty to protect the information you provide under any applicable data protection legislation. The school may be required to share some of this data with the LA and DfE. This data will be uploaded to school information management systems and the original paper copy will be stored securely. You can view our **Privacy Notice** on our school website: https://friezlandschool.co.uk

Surname:	Legal surname:
Forename:	Middle name:
DOB:	Gender:
Address:	Year group:
Post Code:	Class:

Please give details of all the persons who have parental responsibility and anyone else you wish to be contacted in the case of an emergency. Please list them in the order of preference for contact and continue on a separate sheet if needed.

Priority Name:		Name:	Relationship to child:				
	1						
		Home address (if different from above):	Home phone:				
			Mobile:				
			Work phone:				
			e-mail add:				
	Priority 2	Name:	Relationship to child:				
		Home address (if different from above):	Home phone:				
			Mobile:				
			Work phone:				
			e-mail add:				
	Priority 3	Name:	Relationship to child:				
		Home address (if different from above):	Home phone:				
			Mobile:				
			Work phone:				
			e-mail add:				

PASS CODE	In order to safeguard your child, we ask that every family submits a two-word pass code (which has no reference to your child's name). This code should NOT be shared with children. Any adult other than the adult(s) who usually collect your child from school, should be told this pass-code. Staff members will request it before they hand over your child. If you have an older sibling already at Friezland, the same pass code can be used but please indicate this below.								
	Two-word pass c	ode:							
Eduspot: Teachers	I must share the leg in details in order to access your child's account								
Parents	I would like my child's Eduspot account to be linked to the following: E-mail address :								
	Mobile phone number:								
Medical Pra	•	an account for a	an older siblir		llings a e of GP		o the same acco	unt): Y / N	
Address:					Phone number:				
Medical / d	lietary needs or co	nditions (please	give details):						
Ethnicity:		Religion:		First language:		Home lan	Home language:		
Lunch time arrangements (please tick)		Mon	Tue	Wed		Wed	Thus	Fri	
School dinn	ner								
Packed lun	ch								
*P	Please note, two	weeks' notice is	ı s required pri	or to	any ch	anges to lu	ınch time arrang	gements.	
Signed:						Date:			

Please help us to keep our records up to date by contacting the school office if any of the above information changes.