



PUPIL DATA COLLECTION FORM

Pupil Information			
Legal Surname:		Legal Forename:	
Preferred Surname: (if different to above)		Preferred Forename: (if different to above)	
Middle name:		Date of birth:	
Home address:			Gender: Male / Female
Postcode:			

SAFEGUARDING REGULATIONS REQUIRE A MINIMUM OF 3 CONTACTS, INCLUDING THOSE WITH PARENTAL RESPONSIBILITY

Parent/Carer 1 – this will be the **first** person we contact:

First name:		Surname:	
Relationship to pupil:		Home address:	
Mobile Number:		Postcode:	
Landline number:		Email address: Please provide for any school communications	

Parent/Carer 2 – this will be the **second** person we contact:

First name:		Surname:	
Relationship to pupil:		Home address:	
Mobile Number:		Postcode:	
Landline number:		Email address: Please provide for any school communications	

Other Emergency Contacts:

3. This will be the **third** person we contact:

First name:		Surname:	
Relationship to pupil:		Home address:	
Mobile Number:		Postcode:	
Landline number:		Email address: Please provide for any school communications	

4. This will be the **fourth** person we contact:

First name:		Surname:	
Relationship to pupil:		Home address:	
Mobile Number:		Postcode:	
Landline number:		Email address: Please provide for any school communications	





Family			
Does the pupil have siblings attending this school?	Yes/No	If yes, name of sibling:	
Is anyone with parental responsibility employed by the armed forces?	Yes/No	If Yes, please give details:	

Medical Information			
Name and address of Medical Practice:			
Does your child have any allergies and/or medical conditions?	Yes/No	If Yes: Please give details:	
Does the pupil require medication?	Yes/No	Details of medication:	
Pupil assessed as disabled?	Yes/No	Pupil receives Disability Living Allowance?	Yes/No

Dietary requirements					
Vegetarian		Halal		Gluten Free	
Kosher foods only		No dairy produce		No nuts of any type/quantity	
Artificial colouring allergy		Seafood allergy		No pork	
Other:					

Travel arrangements - Please tick ONE box to indicate how your child usually travels to school:									
Walk		Bus		Car		Bicycle		Taxi	

Signature of Parent/Carer	
I confirm I have legal parental responsibility for the above-named child. I agree to inform the school as soon as possible of any changes to any of the details given above. The processing of pupil and parent information is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller and where necessary to comply with our legal obligations. I understand that the information provided will be stored and used by the school in accordance with the Privacy Notice. A copy of the detailed Privacy Notice stating how data is used, stored and shared is available on the school website: https://hunningley.org.uk/portals/0/policies/Privacy%20Notice%202021-22%20revised%20310522.pdf?ver=2022-06-23-090212-683	
Parent/Carer signature:	Date:

The data controller for personal information held by Hunningley Primary Academy is United Learning Trust (ULT). ULT is registered with the Information Commissioner's Office (ICO). The registration number is Z7415170.

The Company Secretary is responsible for ensuring that ULT complies with the Data Protection Law. They can be contacted on company.secretary@unitedlearning.org.uk or 01832 864538.

The Business Manager has delegated responsibility for ensuring that the school complies with ULT's policies and procedures in relation to Data Protection. They can be contacted on 01226 284867 or email enquiries@hunningley.org

Hunningley Lane, Barnsley, S70 3DT 01226 284867

Principal: Mrs Catherine Horton-Hale

