**St.Oliver’s PS**



**Data Collection & General Permission Forms 2020**

Please return the enclosed forms ASAP

to the office email address:

Email:

[fmccreesh943@stolivers.carrickrovaddy.ni.sch.uk](mailto:fmccreesh943@stolivers.carrickrovaddy.ni.sch.uk)

**Communication**

We are working to streamline practice with communication by seeking new and innovative ways to update you electronically using email, text and school website and school App.

You will be kept informed of school events electronically throughout the year and therefore it is essential that you provide your email address and mobile number in clear print on your data collection form and in the designated boxes provided.

# DATA COLLECTION FORM

# PUPIL DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| **Preferred Surname of Student:** |  | **Legal Surname of student: (if different)** |  |
| **Preferred Forename:** |  | **Legal Forename:**  (if different) |  |
| **Date of Birth:** |  | **Gender:** |  |
| **Address:**  ***(Must include House Name or House Number)*** |  | | |
| **Post Code:** | | |

**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 priority/order that you wish for them to be contacted.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Parent /Guardian** | | **Relationship to Pupil e.g. Parent/Step-parent:** | | | | | |
| **Surname:** | | | **Forename:** | | | **Title:** |  |
| **Address** | | | | | | **Postcode:** | |
| **Home Tel:** | | | | **Mobile:** | | | |
| **Work Tel:** | | | | **Email** | | | |
| **2. Parent /Guardian** | | **Relationship to Pupil e.g. Parent/Step-parent:** | | | | | |
| **Surname:** | | | **Forename:** | | | **Title:** |  |
| **Address:** | | | | | | **Postcode:** | |
| **Home Tel:** | | | | **Mobile:** | | | |
| **Work Tel:** | | | | **Email:** | | | |
| **3. Other Contact** | **Relationship to Pupil e.g Grandparent/Childminder:** | | | | | | |
| **Surname:** | | | **Forename:** | | | **Title:** | **Mr** |
| **Home Tel:** | | | | | **Mobile:** | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Meal Arrangements (Circle appropriate choice below)** | | | | | | | | | | **Eligible for Free Meals Yes/No**  **Delete as appropriate** | | |
| Free School Meal | | Paid School Meal | | Sandwiches | Home | | | Other | |
| **Medical Practice:** | | | | | | | **Telephone:** | | | | | |
| **Medical Information:** | | | | | | | | | | | | |
| **Special Dietary Needs:** | | | | | | | | | | | | |
| **Ethnicity:** |  | | **Home Language:** | | |  | | | **Religion:** | | |  |
| 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 / Email**

The school communicates by text and email to inform you of all school correspondence. Please add the mobile number/email address of the contact you wish to receive correspondence via email/text service.

**Name of nominated parent to receive text message**

**Mobile Number of nominated parent to receive text message**

**Name of nominated parent to receive email**

**Email Address of nominated parent to receive email**