



## YSGOL BWLCHGWYN C.P.

### DATA COLLECTION

**(Please complete all boxes)**

Child's Surname:		Legal Surname: (if different)	
Child's Forename:		Middle name:	
Name known by:			
Date of Birth:		Gender: (please circle)	M / F
Year Group:			
Address:			
Post Code:		Home Telephone:	
Siblings attending Bwlchgwyn School	Name:	Name:	Name:
	Year:	Year:	Year:

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

Contact Priority	Name / Relationship to child	Parental Responsibility Y / N	Home Address / Home Phone / Mobile	Employer / Work Address / Phone	Permitted to collect child (please tick)
1					
2					
3					
4					
5					
6					

<b>Travel Arrangements</b>		Please tick as appropriate											
Bicycle	<input type="checkbox"/>	Train	<input type="checkbox"/>	Car	<input type="checkbox"/>	Walk	<input type="checkbox"/>	Taxi	<input type="checkbox"/>	School Bus	<input type="checkbox"/>	Car Share	<input type="checkbox"/>
<b>Dietary Needs:</b> (please outline any special dietary requirements)													
<b>Free Milk:</b> <b>(Nursery – Year 2 only)</b> <b>*Please tick as approp.:</b>		I would like my child to receive milk*						<input type="checkbox"/>					
		I would <b>not</b> like my child to receive milk*						<input type="checkbox"/>					
<b>Meal Information</b> <b>Please tick as approp.:</b>		School Meals	<input type="checkbox"/>	Sandwiches	<input type="checkbox"/>	Free Meals*	<input type="checkbox"/>						
<p><b>*Free School Meals:</b> Children whose parents are in receipt of certain support payments are entitled to receive free school meals(see Application for Free School Meals form). For further information you can either visit WCBC website <a href="http://www.wrexham.gov.uk/english/education/school_meals/free_school_meals.htm">www.wrexham.gov.uk/english/education/school_meals/free_school_meals.htm</a> contact WCBC support services on 01978 297413 or speak to Nicky(school secretary). <b>A successful application could save you up to £400 per child per year and benefit the school by way of increased funding from Welsh Government, which would consequently benefit all children attending the school.</b></p>													
<b>Medical Practice:</b>													
<b>Doctors Name:</b>						<b>Telephone Number:</b>							
<b>Address:</b>													
<b>Medical Condition(s)/Allergies:</b>													
<p>*Please note that if your child DOES NOT have a diagnosis of Asthma and only uses an inhaler occasionally, you will be required to complete an Administration of Medicine form for those period/s. If your child DOES have a diagnosis of asthma then you will be required to complete a school asthma card (care plan) and provide medication.</p>													
<b>Medical Note(s):</b>													
<p>Please provide the following information to ensure that records in school are as accurate as possible.</p>													
<b>Language Spoken at Home:</b>						<b>First Language:</b> i.e. language your child first learned as a small child							
If the language your child learnt as a small child was not English and/or Welsh, what was the first language he/she learnt?													
If you do not want to provide first language data, please indicate by ticking this box: <input type="checkbox"/>													
<b>Ethnicity:</b>						<b>Religion:</b>							
<p><b>Data Protection Act 1998:</b> The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the Welsh Assembly Government.</p>													
<b>Signature of Mother/Guardian:</b>						<b>Signature of Father/Guardian:</b>							
<b>Date:</b>						<b>Date:</b>							