		FOR OFFICE US			Date of Admission to				Clas	s:	Data	ente	rec	
DATA COLLECTION FOR	M.	<u> </u>			_			<del></del>			············			
Please complete the details below	and ret	urn this fo	m to your				oon a	s poss	ible					
Preferred Surname:				Lega (if dif		irname: nt)								
Preferred Forename:				Lega (if dif		rename: nt)								
Middle Name:					Gender:					Male / Female				
Date of Birth:	3irth:				Brother/Sister in School					Yes / No				
Name(s) of Brother/Sister(s)						. 4								
Address:			•											
(Must include House Name or House Number)		Post Code:												
Please give details of all persons value and per	vho hav	e parental	responsibi	lity an	d an	yone else	you ted	wish to	be con	tacted	lin	•		
	<del></del>	<del>······</del>	Parent/Step-			30 0011140		rity pi	ease circle	1	7	2	3	
Surname: Forena								Title:			/Mrs	/Ms		
Address:								Postcode:						
Home Tel:			Mobile:						Text Service (see Overleaf):					
Work Tel:			Email:									<u> </u>		
Printerakouk ki Mistali usato rusatatansa Printera	hin to	Punil on t	L				Dric	reitre ate	ease circle	1	12	,	3	
Parent / Guardian Relationship to Pupil e.g Surname: Forenan								Title:	<u> </u>				<u>.</u>	
			<u></u>							1411	Mr/Mrs/Ms			
Address:								code:   Text Service (see Overleaf):						
Home Tel:			Mobile:				···							
Work Tel:		· · · · · · · · · · · · · · · · · · ·	Email:		<del></del>									
Other Contact Relations	hip to	Pupil e.g. G	randparent/Cl	hildmine	der:		Pric		ease circle		] 2		3	
Surname: Home Tel:		Forename: Mobile:				Title:			Mr/Mrs/Ms					
Home rei:			FVI	opne.										
Meal Arrangements (Circle ap					7.5	NI- +-	Elig	jible f	or Free	Meal	s Y	es/l	٧o	
Free School Meal Paid School  Medical Practice:	Meai	Sandwid	nes H	ome		ther lephone:			· · · · · · · · · · · · · · · · · · ·					
	<del></del>				16	repriorie.								
Address of Medical Practice:									*****					
Medical Information:				Specia Dietan		eeds:								
Pupil Disability (Circle appropriate choice): (See Overleaf)			No Disability Physical Impairment				Mental Mental & Ph Impairment Impairment					sical		
			Language (Sec overleat):				·	igion (See overleaf):					=	
										<u> </u>				
Previously registered with a S								Ye		·	o no			
Attended a Sure Start Program	nme fo	r 2-3 year	, , , , , , , , , , , , , , , , , , , ,					Ye			o not			
Pre-School Experience (Circle	appro	priate cho		irsery S a PS	3cho	ol or Nurs	ery cla	388	No pre-	ichool	educ	atioi	3.	
Nursery Unit within a Special School	Special School Reception class or group in a PS						Voluntary or private playgroup Unknown							
Previous School:						Date of	<u>-</u>	<u> </u>	]; ·					
Reason for Leaving:						Date of	∟eav	ing:	,				_	
The data being collected, controlled an The school has a duty to protect this da Authority and with the Department of I	ta and to	keep it up to	with General date. The se	Data P chool is	roteo requ	tion Regulation Regulation	ations re som	(GDPR e of the	) data with	the Ed	ucatio	n		
Signature:								ate:					_	