

# Halsford Park Primary School Data Collection Sheet 2026

Childs Details	
Legal Forename	
Middle Name(s)	
Legal Surname	
Preferred Surname	
Preferred Forename	
Date of Birth	
Born at how many weeks?	
Gender	
Sex	
Address	
Postcode	
Parents/Carers Details	
Priority 1	
Title & Name	
Relationship	
Address	
Email Address	
Home Tel	
Work Tel	
Mobile	
Priority 2	
Title & Name	
Relationship	
Address	
Email Address	
Home Tel	
Work Tel	
Mobile	
Siblings (Brothers & Sisters) at Halsford Park Primary School	
Name	
Class & Year Group (Current)	
Name	
Class & Year Group (Current)	
Other Emergency Contacts Details	
<b>We require at least 3 persons that can be contacted in an emergency.</b> Please provide at least one other emergency contact in addition to the parents/carers listed above.	
Priority 3	
Title & Name	
Home Tel	
Work Tel	
Mobile	
Authorised to collect?	
<b>Relationship to child</b>	

**Priority 4**

Title & Name	
Home Tel	
Work Tel	
Mobile	
Authorised to collect?	
<b>Relationship to child</b>	

**Priority 5**

Title & Name	
Home Tel	
Work Tel	
Mobile	
Authorised to collect?	
<b>Relationship to child</b>	

**Priority 6**

Title & Name	
Home Tel	
Work Tel	
Mobile	
Authorised to collect?	
<b>Relationship to child</b>	

**Medical Details**

Dietary Needs	
Medical Practice	
Medical Practice Tel	
Diagnosed Medical Conditions including Allergies (more information can be given on the Pupil Health Form)	
Medical Notes	

Please give details of any diagnosed medical conditions that we should know about, including allergies or any condition requiring medication that your child may need during the school hours. A more detailed form will be sent out at a later date.

**Additional Information**

If there is any further information that you would like us to know please state here (educational needs etc)	
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