



THE ROBERT DRAKE

PRIMARY SCHOOL

PUPIL DATA COLLECTION FORM

PAPER 1: CHILD'S PERSONAL DETAILS

SURNAME		OFFICE USE ONLY
FIRST NAME		
PREFERRED FIRST NAME		DATE OF ADMISSION:
MIDDLE NAMES		YEAR AND CLASS:
DATE OF BIRTH		PROOF OF ADDRESS SEEN:
GENDER		BIRTH CERTIFICATE SEEN:

ADDRESS:	
POSTCODE:	HOME TELEPHONE:

NAMES OF BROTHERS/SISTERS:	
	DOB:
	DOB:
	DOB:
	DOB:

PRE SCHOOL ATTENDED

(only complete if your child has not previously attended primary school and is joining Robert Drake as a new intake in EYFS)

By completing this information, I confirm that I give permission for Robert Drake to contact the pre school/nursery and for information about my child to be shared with The Robert Drake Primary School

NAME AND ADDRESS OF PRE SCHOOL ATTENDED (IF JOINING IN EYFS):	
TELEPHONE NUMBER:	DATES ATTENDED:
CONTACT NAME:	POSITION:

PREVIOUS SCHOOLS ATTENDED

(only complete if your child has attended a primary school before joining Robert Drake)

NAME AND ADDRESS OF PREVIOUS SCHOOLS ATTENDED:	
TELEPHONE NUMBER:	DATES ATTENDED:

NAME AND ADDRESS OF PREVIOUS SCHOOLS ATTENDED (if more than one):	
TELEPHONE NUMBER:	DATES ATTENDED:

FREE SCHOOL MEALS

(only complete if your child has attended a primary school before joining Robert Drake)

PLEASE CONFIRM WHETHER YOUR CHILD HAS BEEN IN RECEIPT OF THE FOLLOWING:	
FREE SCHOOL MEALS	<input type="checkbox"/>



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PAPER 2: CHILD'S CONTACT DETAILS

Please write, in order of priority, details of the main two contacts with parental responsibility. Please also provide details of two additional emergency contacts that the school may contact if the main contacts are unavailable. If either of the parents details have not been included at (1) – (4), please include at (5).

(1) PARENT / CARER 1ST CONTACT

TITLE:	FULL NAME:	RELATIONSHIP TO PUPIL:
ADDRESS:		
	POSTCODE:	
E-MAIL ADDRESS:		
MOBILE:	HOME:	WORK:

(2) PARENT / CARER 2ND CONTACT

TITLE:	FULL NAME:	RELATIONSHIP TO PUPIL:
ADDRESS:		
	POSTCODE:	
E-MAIL ADDRESS:		
MOBILE:	HOME:	WORK:

(3) EMERGENCY 1ST CONTACT (in addition to Parent/Carer above)

TITLE:	FULL NAME:	RELATIONSHIP TO PUPIL:
ADDRESS:		
	POSTCODE:	
E-MAIL ADDRESS:		
MOBILE:	HOME:	WORK:

(4) EMERGENCY 2ND CONTACT (in addition to Parent/Carer above)

TITLE:	FULL NAME:	RELATIONSHIP TO PUPIL:
ADDRESS:		
	POSTCODE:	
E-MAIL ADDRESS:		
MOBILE:	HOME:	WORK:

(5) If either of the parents details are not listed above, please give details below:

TITLE:	FULL NAME:	RELATIONSHIP TO PUPIL:
ADDRESS:		
	POSTCODE:	
E-MAIL ADDRESS:		
MOBILE:	HOME:	WORK:
PARENTAL RESPONSIBILITY: YES / NO (please indicate)		
DO YOU WISH THE ABOVE TO BE RECORDED AS AN EMERGENCY CONTACT: YES / NO		

PARENT / CARER SIGNATURE:
PARENT / CARER NAME:
DATE:



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PAPER 3: ETHNIC BACKGROUND, LANGUAGES SPOKEN AND NATIONALITY

CHILD'S NAME:
DATE OF BIRTH:

Ethnic Background

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth. Please study the list and tick one box to indicate the most appropriate ethnic background of your child.

White	
British	
Irish	
Northern Irish	
Irish Traveller	
Welsh	
Gypsy / Roma	
Roma	
Gypsy	
White Other*	

Asian or Asian British	
Bangladeshi	
Filipino	
Indian	
Nepali	
Pakistani	
Thai	
Vietnamese	
Other Asian*	

Other Black background not indicated above*	
Chinese	
Hong Kong Chinese	
Other Chinese (not above)	

Mixed / Dual Background	
White and Asian	
White and Black African	
White and Black Caribbean	

Other White Background	
Afghan	
Albanian	
Greek/ Greek Cypriot	
Italian	
Kosovan	
Turkish / Turkish Cypriot	
White Eastern European*	
White Western European*	
Other ethnic*	

Black or Black British	
African Asian	
Angolan	
Caribbean	
Congolese	
Ghananian	
Nigerian	
Sierra Leonian	
Somalian	
Sudeneze	
Other Black African*	

Other Mixed Background	
White and any other Ethnic Group*	
Other Mixed Background (not above)*	

Other (not listed above)	
Please state*	

* Please give details

I do not wish an ethnic background category to be recorded

Nationality / Religion

COUNTRY OF BIRTH:	
NATIONALITY:	

RELIGION:	
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Languages Spoken

Please enter all languages, including English if currently spoken by your child. If more than one language is spoken at home, please detail all languages and indicate your child's First or Home language.

First language / mother tongue:	
Language spoken at home:	
Any other languages spoken:	

PARENT / CARER SIGNATURE:
PARENT / CARER NAME:
DATE:



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PAPER 4: HEALTH QUESTIONNAIRE

CHILD'S NAME:
DATE OF BIRTH:

NAME OF DOCTOR:
DOCTOR'S SURGERY:
ADDRESS
POSTCODE:
TELEPHONE NUMBER:

Does your child suffer from any of the following ?

Asthma / bronchitis	Y / N	Diabetes	Y / N
Eczema	Y / N	TB	Y / N
Heart condition / chest problems	Y / N	Raised blood temperature	Y / N
Epilepsy, fits or seizures	Y / N	Hayfever / allergies to pollen, dust or insects	Y / N
Fainting or blackouts	Y / N	Sight or hearing impairment	Y / N
Migraine / severe headaches	Y / N	Food allergies	Y / N
Any other medical condition (please list)		List of food allergies:	

If yes to any of the above, then please give details below:

Does the medical condition / allergy require medication ?	Y / N
If yes, please give details here of medication including name, dosage, etc:	

Does your child have any allergies to any medications ?	Y / N
If yes, please give details here:	

Has your child ever had a serious illness or accident ?	Y / N
If yes, please give details here:	

Does your child have any special physical / learning needs that require support in school ?	Y / N
If yes, please give details here:	

Has an Educational Health Care Plan been issued for your child ?	Y / N
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Do you have any concerns about your child (behaviour, weight, eating, speech, etc) ?	Y / N
If yes, please give details here:	

YOUNG CARER

(A young carer is someone aged under 18 who cares for a friend or family member who, due to illness, disability, a mental health problem or an addiction, cannot cope without their support. Older young carers are also known as young adult carers and they may have different support needs to younger carers.)

Is your child a Young Carer	Y / N
If yes, please give details here:	

PARENT / CARER SIGNATURE:
PARENT / CARER NAME:
DATE:



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PAPER 5: APPLICATION FOR A FREE SCHOOL MEAL / PUPIL PREMIUM ELIGIBILITY CHECK

Please complete all sections of this form using black ink and **BLOCK CAPITALS**.

Please return this form directly to Robert Drake.

Part one – details of parent / carer – Please use CAPITALS

Name of person receiving the benefit (must be parent or carer)	
Relationship to the child	
Date of Birth of parent / carer	
National Insurance number, or National Asylum Seeker Number	

Part two – details of children at this school

Number of children at this school	
Name and date of birth of child 1	
Name and date of birth of child 2	
Name and date of birth of child 3	
Name and date of birth of child 4	

PLEASE READ AND SIGN

Please confirm that you agree that we can use the information that you provide to process your claim for free school meals with Southend Borough Council.

The information you supply will be retained as a record. By making this application you consent for us to use the information in this way. You may withdraw your consent at any time by writing to us at the school address.

All personal details will be processed in accordance with the Data Protection Act 1998.

Parent / Carer signature: Date: