

## DATA COLLECTION FORM

### CHILD'S INFORMATION

School: Ysgol Eyton	Previous School:
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Legal Surname:	Preferred Surname: <i>if different</i>
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Legal Forenames:	Preferred Forenames: <i>if different</i>
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Date of Birth:	Gender:	Young Carer: YES / NO
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Main Address:
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Post Code:	Home Telephone:
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Name of siblings at Ysgol Eyton:
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Additional Address: <i>if child lives at 2 addresses</i>
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### DETAILS OF PARENTS / CARERS AND OTHER EMERGENCY CONTACTS

Mr Mrs Ms Miss Firstname Surname	Address <i>if different from main address</i>	Day Tel No	
Relationship to Child	Parental Responsibility YES / NO	Email	Mobile

Mr Mrs Ms Miss Firstname Surname	Address <i>if different from main address</i>	Day Tel No	
Relationship to Child	Parental Responsibility YES / NO	Email	Mobile

Mr Mrs Ms Miss Firstname Surname	Address <i>if different from main address</i>	Day Tel No	
Relationship to Child	Parental Responsibility YES / NO	Email	Mobile

### MEDICAL

Medical Practice:	Address:	Tel:
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Health Details:
<i>If your child has a health care plan, please attach it to this form</i>

Parent/Carer Signature:
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