TRINITY ACADEMY

CONFIDENTIAL DATA COLLECTION SHEET

Please complete all sections of the form below

Trinity Academy
Church Balk
Thorne
Doncaster
DN8 5BY

Tel: 01405 813000
www.trinityacademy.org.uk

Please complete all sections

Legal surname:		Middle name:	
Forename:		Preferred forename:	
Date of birth:		Preferred surname: (if applicable)	
Tutor group:		Year:	
Sex:			
Home address: Postcode:			

Your child's **legal name** is as it appears on their birth certificate unless it has been changed through adoption, a court order or a **government enrolled deed poll**: https://www.gov.uk/change-name-deed-poll/change-a-childs-name
Further information can be found on our website.

Parent contact information- Please list your contacts in order of priority for who should be contacted first.
Important: *Any individual listed as a contact will have the authority to report absences or to release/remove the student from the Academy. Please ensure you only include contacts you wish to grant this authority.*

Priority 1		**Priority 2**	
Relationship to child:		Relationship to child:	
Title:		Title:	
Forename:		Forename:	
Surname:		Surname:	
Home address: Town: Postcode:		Home address: Town: Postcode:	
Parental responsibility: Yes / No		**Parental responsibility**: Yes / No	
Home phone:		Home phone:	
Mobile:		Mobile:	
Work:		Work:	
Email:		**Email:**	

***Important communications are sent via email.**

Is your child adopted from care? Yes / No		Parent member of the armed forces: Yes / No	
Ethnicity:		First language:	
English as an additional language:		Yes / No	

If a child lives with someone other than his/her parent(s), the school needs these details and of those with parental responsibility, or any additional emergency contact.			
Priority 3		**Priority 4**	
Relationship to child:		Relationship to child:	
Title:		Title:	
Forename:		Forename:	
Surname:		Surname:	
Home address: Town: Postcode:		Home address: Town: Postcode:	
Parental responsibility: Yes / No		**Parental responsibility**: Yes / No	
Home phone:		Home phone:	
Mobile:		Mobile:	
Email:		**Email:**	

***Important communications are sent via email.**

Siblings currently attending Trinity Academy		
Name	**Year Group**	**Tutor**

Confidential medical information

Doctor / GP:	Address:
Telephone:	
Is your child registered as disabled: ☐ Yes ☐ No	
Does your child have a medical condition: ☐ Yes ☐ No	
If yes, please give brief details here and keep the Academy informed of any changes:	

Parent/Carer signature: ..... Date: .....

Please print name: .....

As part of Trinity Academy's Safeguarding Policy it is important to complete and return this form to the Academy. **You must also notify us of any changes using the MCAS app.**