

### CHANGE OF DETAILS AND INFORMATION FORM

If you have moved house or there are any other relevant changes to your child's information, please complete this form and return it to school for the attention of Mrs Grigson

<b>Legal Surname:</b>	<b>Chosen Surname:</b>
<b>Legal Forename:</b>	<b>Chosen Forename:</b>
<b>Chosen name:</b>	<b>Gender:</b>
<b>Date of Birth:</b>	<b>Year:</b>
	<b>Reg Group:</b>
<b>Address:</b>	
<b>Post Code:</b>	
<b>Telephone:</b>	

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted in an emergency.

Priority	Name / Relationship	Home Address / Phone / Mobile	Work Phone / Email
		Tel: Mobile: Email:	Tel: Email:
		Tel: Mobile: Email:	Tel: Email:
		Tel: Mobile: Email:	Tel: Email:

<b>Travel Arrangements</b> Please tick the appropriate choice	Bicycle <input type="checkbox"/>	Car/Van <input type="checkbox"/>	Walk <input type="checkbox"/>	Taxi <input type="checkbox"/>
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<b>Dietary Needs</b> Please tick the appropriate choice	Gluten Free <input type="checkbox"/>	Halal <input type="checkbox"/>	Kosher <input type="checkbox"/>	No Dairy <input type="checkbox"/>	Vegan <input type="checkbox"/>
	Vegetarian <input type="checkbox"/>	No Pork <input type="checkbox"/>	Food Allergy (Please specify)		
<b>Meal Arrangement</b>					
<b>Type of meal</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>
School Meal					
Packed Lunch					

<b>Medical Practice:</b>	
<b>Address:</b>	
<b>Telephone Number:</b>	

<b>Medical Condition(s)</b>

<b>Ethnicity:</b>		<b>First Language:</b>	
<b>Religion:</b>		<b>Home Language:</b>	

**Data Protection Act 1998:** The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DfE.

**Youth Support Services Agreement:** Once children are aged 13 or over, we are required by law to pass on certain information to the provider of youth support services in this area. This is the local authority support service for young people aged 13 to 19 in England. We must provide a student's address and that of his/her parents (and the student's date of birth) and any further information relevant to the support services role.

However, until a child is aged 16 or older, parent(s) can ask that no information beyond a name, address and date of birth (and parents' name and address) be passed on to the youth services provider. This right transfers to the child on his/her 16<sup>th</sup> birthday.

For more information about young people's services, please go to the Directgov Young People page at <http://www.education.gov.uk/schools/pupilsupport> or the LA website [www.mysaymk.com](http://www.mysaymk.com) shown above.

I **do not** wish any information about my child or myself beyond name and address to be passed to the provider of youth support services.

**Parent or Guardian Name:** .....

**Signature:** .....

**Date:** .....