



KIRK MERRINGTON PRIMARY SCHOOL

DATA COLLECTION SHEET

Could you please furnish us with the following information:-

Full Christian name(s) of child: _____ **D.O.B.** _____

Surname of child: _____

Home address & telephone No.: _____

Parents/Guardian Christian names & surnames if different to Child's

Emergency contacts – name, (with relationship to child): telephone no. and address

1. _____ 2. _____

3. _____

Dietary Needs _____

Please tick as applicable:

Meal Arrangement - Free School Meal, Paid School Meal, Home, HM Services/Other.

Doctor (name, address & telephone no): _____

Any medical problems: _____

Religion: _____