



Christ the King Catholic Voluntary Academy Data Collection Sheet

Enter details and return to Student Services.
Please ensure that you sign the document.

Student Details

Legal Forename:		Middle Name:		Legal Surname:	
Preferred Forename:		Gender:		Preferred Surname:	
Address:				Date of Birth:	
Year Group:		Reg Group:		Student Phone Number:	
Religion:		Ethnicity:		Student E-Mail Address:	
First Language: (Language spoken at home)					
Travel and Route:	(Please circle) Bus / Car / Walk If Bus, please enter Bus Number:				
Meal Arrangements	(Please circle) School Meal / Packed Lunch / Free School Meal				

Medical Information

Medical Centre/Practice	
Address:	
Phone Number:	
Special Dietary Needs:	
Medical Conditions/Notes:	

Contact Information

Full Name	Relation to Student	Priority	Parental Responsibility (Yes/No)	Address	Main Home Phone	Main Mobile Phone	E-Mail Address
		1					
		2					
		3					

Parental Signature: _____ Date: _____