

CJMLC Data Collection Form

Please send the completed form to: Main Office, Crownhill Road, Willesden, London, NW10 4EP



1. Child's Basic Details			
Child's <u>Legal</u> Surname:		Child's <u>Preferred</u> Surname:	
Child's <u>Legal</u> Forename:		Child's <u>Preferred</u> Forename:	
Home Address:		Child's Middle Name(s):	
Home Postcode:		Child's Date of Birth:	
2. Parent / Carer Details			
Parent / Carer – Priority 1			
Title:	Mr / Mrs / Miss / Ms / Dr / Other.....	Mobile Telephone:	
First Name:		Home Telephone:	
Surname:		Work Telephone:	
Parent/Carer Home Address:		Email Address:	
		Relationship to child:	
		Parental Responsibility:	Yes / No
Parent / Carer – Priority 2			
Title:	Mr / Mrs / Miss / Ms / Dr / Other.....	Mobile Telephone:	
First Name:		Home Telephone:	
Surname:		Work Telephone:	
Parent/Carer Home Address:		Email Address:	
		Relationship to child:	
		Parental Responsibility:	Yes / No
Emergency Contact – Priority 3 – I declare that I have notified the emergency contact and they have agreed to share their data for this purpose. Parent / Carer signature: _____ Date: _____			
Title:	Mr / Mrs / Miss / Ms / Dr / Other.....	Mobile Telephone:	
First Name:		Home Telephone:	
Surname:		Work Telephone:	
Contact Home Address:		Email Address:	
		Relationship to child:	
		Parental Responsibility:	Yes / No
Emergency Contact – Priority 4 – I declare that I have notified the emergency contact and they have agreed to share their data for this purpose. Parent / Carer signature: _____ Date: _____			
Title:	Mr / Mrs / Miss / Ms / Dr / Other.....	Mobile Telephone:	
First Name:		Home Telephone:	
Surname:		Work Telephone:	
Contact Home Address:		Email Address:	
		Relationship to child:	
		Parental Responsibility:	Yes / No

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3. Medical Details			
Name of GP:		GP's Telephone Number:	
Address of GP Surgery:			
Medical Conditions and/or Allergies (Please give details including any medication required)			
i.			
ii.			
iii.			
iv.			
v.			
vi.			
4. Additional Information			
Meals			
<input type="checkbox"/> Free Meal	<input type="checkbox"/> Packed Lunch	<input type="checkbox"/> School Meal	
5. Declaration by Parent / Carer			
I declare that the information given is true to the best of my knowledge.			
Signed:		Date:	
<i>For information on how we use your daughter's data, please refer to the Privacy Notice in the GDPR section on our website.</i>			
FOR SCHOOL OFFICE USE ONLY:			
Date Received:		Date Entered:	