



Parent / Guardian Data Collection Form (*Mainstream*)

Teacher Record

Contact Details:

Child's Name: _____

Child's Class: _____

Child's Address: _____

Parental & Guardian Contact Details:

1. Contact Name: _____ Relationship: _____

Phone Number: _____ Email Address: _____

2. Contact Name: _____ Relationship: _____

Phone Number: _____ Email Address: _____

3. Contact Name: _____ Relationship: _____

Phone Number: _____ Email Address: _____

Arrival and Departure from School:

Option 1 - Walking (P5-7 Pupils Only):

(Child's name) _____ has my permission to walk home independently in the afternoon.

Option 2 - Collected:

(Child's name) _____ will be collected from school in the afternoon from a school gate. No child will be dismissed from the gates unless accompanied by a parent/guardian who is 18 or over.

Please list, with contact numbers, those adults who are permitted to collect your child:

1. Name: _____ Relationship: _____ Phone Number: _____

2. Name: _____ Relationship: _____ Phone Number: _____

3. Name: _____ Relationship: _____ Phone Number: _____

Option 3 - Taxi:

(Child's name) _____ will be collected from school by taxi. The taxi driver will come to the office to collect him/her.

Please supply the name of the Taxi Company and contact details.

Name: _____ Phone Number: _____

Educational Visits:

I agree to my child, _____ (Child's name), taking part in all organised educational visits and activities which take place off-site during the school year September 2025 – June 2026.

Signed: _____ Print Name: _____ Date: _____

Photographs:

Please delete as appropriate:

PHOTOGRAPHED / FILMED: I DO / DO NOT give permission that my son/daughter can be photographed / filmed within school on a school staff iPad.

CLASS SEESAW: I DO / DO NOT give permission that my son's/daughter's work and photographs may be published on the Class Seesaw page, which is also visible by other parents / guardians in the class.

SCHOOL NEWSLETTER / WEBSITE / FACEBOOK PAGE: I DO / DO NOT give permission that my son's/daughter's work and photographs may be published on the School Newsletter, Website and Facebook Page.

LOCAL PRESS / NEWSPAPER: I DO / DO NOT give permission that my son's/daughter's work and photographs may be published in the local press / newspaper.

Signed: _____ Print Name: _____ Date: _____

Medical:

Please detail medical need(s) below e.g., Asthma etc. Only allergies as diagnosed by GP should be listed. e.g., Penicillin, Nuts etc.

Signed: _____ Print Name: _____ Date: _____

Internet Access:

I have read and understood the school rules for responsible Internet use and give permission for my son/daughter to access the Internet. I understand that the school will take reasonable precautions to ensure pupils cannot access inappropriate materials. I understand that the school cannot be held responsible for the nature or content of materials accessed through the Internet. I agree that the school is not liable for the damages arising from the use of the Internet facilities.

Signed: _____ Print Name: _____ Date: _____

School Policies:

I am aware that School Policies are available on the School Website and can be accessed at any point.

Signed: _____ Print Name: _____ Date: _____