



COMHAIRLE NAN EILEAN SIAR

Pupil Enrolment Form Tong Primary School

Enrolment for Session: August 2019

Enrolment Status	<input type="checkbox"/> Within Catchment	<input type="checkbox"/> Subject to Placing Request
Enrolment Stream	<input type="checkbox"/> English Medium	<input type="checkbox"/> Gaelic Medium

Pupil Forename		Surname	
Address		Date of Birth	
		Post Code	
		Home Phone	
		Sex (M/F)	

Parents/carers living at pupil's home address		
	Main Contact	Secondary Contact
Relationship to Pupil		
Title		
Forename		
Surname		
Daytime Tel No. *		
Mobile Tel No. *		
E-mail Address *		
Pupil Place in Family	/	Name & class of older sibling(s)
Secondary contact can be contacted in an emergency during the day		<input type="checkbox"/> Yes <input type="checkbox"/> No

* These details are important when sending emergency messages through Groupcall Messenger

Parents/Carers NOT living at pupil's home address		
Relationship to Pupil		
Forename		
Surname		
Address/Contact		

Emergency contact – person to contact if parent or carer is unavailable			
Name 1		Relationship to Pupil	Tel
Name 2		Relationship to Pupil	Tel

Medical	Surgery Name		Address		
Please indicate any medical condition or medication which may affect school work					
Eyesight <input type="checkbox"/>	Speech <input type="checkbox"/>	Asthma <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Hearing <input type="checkbox"/>	Other

Additional Information					
Religion					
Exemption from Religious Observation				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Exemption from Religious and Moral Education (Curriculum)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Main Home Language		Gaelic Course	<input type="checkbox"/> Gaidhlig	<input type="checkbox"/> Gaelic (learner)	
Other Language(s)					
Name and address of previous school or nursery attended					
School/Nursery Name		Class			
Address		Date of Entry			
Headteacher		Date of Leaving			
Telephone No.		SCN No.(if known)			
Withdrawal Reason					

IMPORTANT: has your child attended another Scottish School or nursery at any time? If yes, please enter the details below.

School/Nursery Name		Class		
Address		Date of Entry		
Headteacher		Date of Leaving		
Telephone No.		SCN No.(if known)		
Withdrawal Reason				

Nationality/Ethnicity – The Scottish Government Education Department collect pupil data electronically which helps them to analyse better what is happening in education and to target policies to try to ensure that no groups in Scottish society are disadvantaged and prevented from realising their full potential. Pupil names and addresses are collected by their school but they are not transferred to the Scottish Government Education Department.

National Identity	
Please tick one only of the following categories which you feel best describes the National Identity of your child. For example, a child resident in Scotland of Bangladeshi parents might want to be considered Scottish, regardless of their ethnic background.	
<input type="checkbox"/> Scottish	<input type="checkbox"/> English <input type="checkbox"/> Northern Irish <input type="checkbox"/> Welsh <input type="checkbox"/> British
<input type="checkbox"/> Asylum Seeker	One who has claimed asylum and is awaiting a decision
<input type="checkbox"/> Refugee	One who has been granted refugee status within last 5 years
<input type="checkbox"/> Other	If none of the above is suitable then tick this box
<input type="checkbox"/> Not disclosed	Tick this box if you are not prepared to provide this information

Ethnic Background	
Please tick one only of the following categories which you feel best describes the ethnic background of your child. For example, a child born in Scotland of Bangladeshi parents should be entered as Asian Bangladeshi	
<input type="checkbox"/> White - Scottish <input type="checkbox"/> White - Other British <input type="checkbox"/> White - Irish <input type="checkbox"/> White - Polish <input type="checkbox"/> White - Other <input type="checkbox"/> White - Gypsy/Traveller If your child is white, then tick the box in this group that best describes his/her background	
<input type="checkbox"/> African - African/British/Scottish <input type="checkbox"/> African - Other If your child is black, then tick the box in this group that best describes his/her background	
<input type="checkbox"/> Asian - Indian/British/Scottish <input type="checkbox"/> Asian - Pakistani/British/Scottish <input type="checkbox"/> Asian - Bangladeshi/British/Scottish <input type="checkbox"/> Asian - Chinese/British/Scottish <input type="checkbox"/> Asian - Other If your child is Asian in origin, then tick the box in this group that best describes his/her background	
<input type="checkbox"/> Caribbean or Black - Carribean/British/Scottish <input type="checkbox"/> Carribean or Black - Other If your child is of mixed race then tick this box	
<input type="checkbox"/> Mixed or Multiple Ethnic Group <input type="checkbox"/> Other - Arab <input type="checkbox"/> Other - Other <input type="checkbox"/> Not Known <input type="checkbox"/> Not disclosed	
<input type="checkbox"/> Other If none of the above is suitable then tick this box	
<input type="checkbox"/> Not disclosed Tick this box if you are not prepared to provide this information	

- I agree to Education & Children's Services holding and using information about my child subject to the security and other requirements of the Data Protection Act and related legislation.
- I agree to notify the school of any changes to the above information as they happen.

Parental Signature		Date	
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- I am interested in finding out more about the school's Parent Council or Parent Committee

FOR OFFICE USE ONLY

Date of Admission		Class on Admission	
SCN		Year on Admission	
Leaving Date		House	
Documents Issued:			
School Handbook	<input type="checkbox"/> Yes <input type="checkbox"/> No	ICT Responsible Use Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
Photography Consent	<input type="checkbox"/> Yes <input type="checkbox"/> No	How We Use Information Factsheet	<input type="checkbox"/> Yes <input type="checkbox"/> No
School Transport Application <i>(If Applicable)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Free School Meal Application <i>(If Applicable)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clothing Grant Application <i>(If Applicable)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No