

# Shetland Islands Council

Bells Brae Primary School

96 Gilbertson Road

LERWICK

Shetland, ZE1 0QJ

<https://blogs.glowscotland.org.uk/sh/bellsbraeprimary/>

Email: bells\_brae@shetland.gov.uk



## ENROLMENT FORM

NAME: \_\_\_\_\_

PREVIOUS SCHOOL/NURSERY: \_\_\_\_\_

*For Office Use:*

Date Of Admission \_\_\_\_/\_\_\_\_/\_\_\_\_ Class \_\_\_\_ Name \_\_\_\_\_

SEEMIS ☐

DISTRIBUTION LISTS ☐

PPR ☐

PARENTPAY ☐

EMAIL ☐

**PUPIL INFORMATION**

Forename(s) (underline name used) \_\_\_\_\_

Surname \_\_\_\_\_ DOB: \_\_\_\_\_ Male/Female \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Siblings Names \_\_\_\_\_

**AT HOME (parent(s)/guardian(s) at home address)**

Relationship _____	Relationship _____
Forename: _____	Forename _____
Surname _____	Surname _____
Workplace _____	Workplace _____
Occupation _____	Occupation _____
Home Phone _____	Home Phone _____
Mobile _____	Mobile _____
Work _____	Work _____
Email _____	Email _____

**Preferred method of communication**   EMAIL   (schools preferred option)   PAPER

**EMERGENCY CONTACT DETAILS**

1)Forename _____	Surname _____
Address _____	_____
Home/work _____	Mobile _____
Relationship to pupil _____	

2)Forename _____	Surname _____
Address _____	_____
Home/work _____	Mobile _____
Relationship to pupil _____	

**NON RESIDENTIAL PARENTS**

Non-residential parents are entitled to access information regarding their children's education. Please provide the details below of any parent who does not live at home who is to receive a copy of information from school:

Forename _____	Surname _____
Address _____	
Email _____	Telephone _____

**HEALTH**

Health Centre \_\_\_\_\_

Does your child suffer from Asthma? \_\_\_\_\_ If yes, please refer to school website

**Please delete the statement which is not applicable.**

a) I know of no ailment, etc, affecting my son/daughter, of which the school should be informed

b) I would like to draw the school's attention to the following medical information on my child:

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**DISABILITY**

Is your child registered disabled? \_\_\_\_\_

**DIETARY REQUIREMENTS**

Please outline if your child has any specific dietary requirements \_\_\_\_\_

**ADDITIONAL INFORMATION**The following information is required for the **annual Scottish Executive Education Department statistical returns:-**a) **Ethnic Origin** (Please tick **one** category)

White UK	Black Other	Asian Bangladeshi	Not Disclosed	White
Other	Asian Chinese	Asian Other	Not Known	Black African
Asian Indian	Mixed	Black Caribbean	Asian Pakistani	Other

If you have ticked one of the "Other" boxes, please enter the specific ethnic origin here:- \_\_\_\_\_

b) **National Identity** (Please tick the **one** category which best describes your National Identity)

Scottish	Welsh	Not Disclosed	English	British
Northern Irish	Irish	Other		

If you have answered "Other", please give the specific National Identity here:- \_\_\_\_\_

**Religion** \_\_\_\_\_**Asylum Status**

Asylum Seeker                      Refugee

**Armed Forces**    Regular    Refugee    Veteran    Undisclosed

First Language \_\_\_\_\_ Second Language \_\_\_\_\_

## **CONSENT UNDER DATA PROTECTION - PHOTOGRAPHS / VIDEOS TAKEN IN SCHOOL**

**I consent / do not consent (please delete appropriately)** to my son/daughter being photographed / video taped whilst attending Bell's Brae Primary School.

I understand that photographs and videos are taken for use by Bell's Brae School in appropriate circumstances. Photographs and videos are often taken of class project work, specialist subjects, concerts and musical performances, sports activities and class trips and these could be displayed within the school for the children and visitors to see, in our newsletters, on our website or used in the project materials we exchange with other schools e.g. our partner schools. I also understand that pictures may be displayed outwith the school e.g. The Shetland Times.

I understand that family and friends of other pupils may video concerts held at school and that my child could be included in their footage.

I agree to the above (please tick the box)

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### **VISIT CONSENT**

At various times class teachers may organise visits outwith school which are an essential part of the curriculum. Parents/Guardians will be asked to sign a separate consent form should visits be organised outwith Lerwick.

I agree to the above visits (please tick the box)

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### **COMPUTER USAGE AGREEMENT**

The computer network at Bell's Brae Primary School has been provided for us to use as a tool in our classrooms. We are able to use the computers to get information from around the world to help us learn.

#### **Care and Use of the Equipment**

- Pupils will care and look after the computers and all their parts.
- Pupils will not eat or drink near the computers.
- Pupils will not copy, download or put their own software on the school computers as this may cause a virus.

#### **Work Habits**

- Pupils will agree to follow all teacher instructions when using the computers.
- Pupils will only use the computers when a teacher is present.
- When using the World Wide Web, pupils will only search for information about their school work.
- Pupils will not alter the settings on the computers.
- Pupils will only read their own email.
- Pupils will make sure that the emails they send out shows politeness and respect as representatives of Bell's Brae Primary School.

#### **Personal Safety**

- Pupils will use only their first name when communicating with other people.
- Pupils will not give out their password, their own or anyone else's home address, their own or anyone else's home or mobile phone number.
- Pupils will tell their teacher if they find any information that makes them feel bad or uncomfortable.

#### **Pupil Council Rules: Computer Suite**

- Pupils agree to abide by Safety Code (included) at all times with regard to safe use of the Internet.

The rules are on display in all classrooms and the ICT Suite. Breaking any of the rules listed above will prevent pupils from using the computers for a negotiated period of time. Parents/Guardians must discuss with their child and agree to follow all of these rules.

I agree to the above (please tick the box)

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Parent/Guardian's Signature \_\_\_\_\_

**NOTE: If any of the details given change, it would be appreciated if you would inform us so that our records are kept up-to-date.**