



# Brae High School (Secondary)

## Enrolment Form

Brae, Shetland, ZE2 9QG

Tel: 01595 745600

Email: brae.office@shetland.gov.uk



**BRAE HIGH SCHOOL**

“Wirk tagidder wi can anidder”

<b>Date of Admission</b>		<b>Class</b>	
--------------------------	--	--------------	--

### PLEASE COMPLETE IN BLOCK CAPITALS

<b>Forenames</b>			
<b>Known As</b>			
<b>Surname</b>			
<b>Date of Birth</b>		<b>Sex (Male/Female)</b>	
<b>Pupil's Home Address Including post code</b>			
<b>Pupil Home Tel N°</b>			
<b>Pupil Mobile N°</b>			
<b>Pupil Home E-Mail</b>			
<b>Previous School Name &amp; Address</b>			

The school needs contact details for the following:

- A 'Main Contact' who will receive all routine communications.
- 'Emergency Contact(s)' who can be phoned during the school day (who may also be the main contact)
- Any other **Parent/Guardian only** who may also receive a copy of school reports and/or letters from school.

One contact may cover 2 or more of these purposes – you don't have to fill up all 5 spaces.

<b>Main Contact</b>  This will be the main contact who will receive a copy of all communications. Usually parent or guardian.	<b>Title</b>		<b>Address if different from Child's Address above.</b>				
	<b>Forename</b>		<b>House Name</b>				
	<b>Surname</b>		<b>N°. / Street</b>				
	<b>Daytime Workplace</b>		<b>Locality</b>				
	<b>Daytime Tel N°</b>		<b>Town</b>				
	<b>Home Tel N°</b>		<b>Postcode</b>				
	<b>Mobile Tel N°</b>		<b>Email Address</b>				
	<b>Relationship to Pupil</b>		<b>Can this person be contacted if there is a day time emergency?</b>		Yes		No
Letters will be addressed to the parents/guardians living at the pupil's home address. If this is not appropriate, please write the alternative here.							

<b>Contact 2</b>	Title		Address <b>if different</b> from Child's Address above.				
	Forename		House Name				
	Surname		Nº. / Street				
	Daytime Work place		Locality				
	Daytime Tel Nº		Town				
	Home Tel Nº		Postcode				
	Mobile Tel Nº		Email Address				
	Relationship to Pupil		Can this person be contacted if there is a day time emergency?	Yes		No	
	Should this person also receive a copy of the child's progress report?			Yes		No	

<b>Contact 3</b>	Title		Address <b>if different</b> from Child's Address above.				
	Forename		House Name				
	Surname		Nº. / Street				
	Daytime Workplace		Locality				
	Daytime Tel Nº		Town				
	Home Tel Nº		Postcode				
	Mobile Tel Nº		Email Address				
	Relationship to Pupil		Can this person be contacted if there is a day time emergency?	Yes		No	
	Should this person also receive a copy of the child's progress report?			Yes		No	

<b>Contact 4</b>	Title		Address <b>if different</b> from Child's Address above.				
	Forename		House Name				
	Surname		Nº. / Street				
	Daytime Workplace		Locality				
	Daytime Tel Nº		Town				
	Home Tel Nº		Postcode				
	Mobile Tel Nº		Email Address				
	Relationship to Pupil		Can this person be contacted if there is a day time emergency?	Yes		No	
	Should this person also receive a copy of the child's progress report?			Yes		No	

<b>Contact 5</b>	Title		Address <b>if different</b> from Child's Address above.				
	Forename		House Name				
	Surname		Nº. / Street				
	Daytime Workplace		Locality				
	Daytime Tel Nº		Town				
	Home Tel Nº		Postcode				
	Mobile Tel Nº		Email Address				
	Relationship to Pupil		Can this person be contacted if there is a day time emergency?	Yes		No	
	Should this person also receive a copy of the child's progress report?			Yes		No	

Which one of the Contacts above is to be the pupil's Snow Closure address? This is the place the pupil will be sent if the school closes due to bad weather.	Contact Number	
---	----------------	--

List the contacts' numbers in the order you would like the school to phone them in an emergency. Highest priority first.

Siblings Brothers and sisters who attend this school	Name	Date of Birth	Name	Date of Birth
	1.		4.	
	2.		5.	
	3.		6.	

Position in Family		of	
--------------------	--	----	--

Home Language (Please select one only) SL = Sign Language	Bengali		English		Gaelic		Polish		Spanish	
	Cantonese		English SL		German		Portuguese		Tagalog	
	Chinese		Doric		Latvian		Russian		Urdu	
	Dutch		French		Lithuanian		Scots		Not known/not divulged	
	Other (please specify)									
Additional Languages (If not already specified)										

Ethnic Origin (Please select one only)	White – Scottish		Asian – Indian/British/Scottish		African – African/British/Scottish	
	White – Other British		Asian – Pakistani/British/Scottish		African – Other	
	White - Irish		Asian – Bangladeshi/British/Scottish		Other - Arab	
	White – Gypsy/Traveller		Asian – Chinese/British/Scottish		Other - Other	
	White - Polish		Asian – Other		Not disclosed	
	White - Other		Caribbean or Black – Caribbean/British /Scottish		Not Known	
			Caribbean or Black - Other			

Religion (Please select one only)	Buddhist		Muslim		Other	
	Christian		None		Other – Jehovah's Witness	
	Hindu		Not disclosed		Sikh	
	Jewish		Not Known			

National Identity (Please select one only)	Scottish		Welsh		Not Disclosed	
	English		British		Not known	
	Northern Irish		Other			

Asylum Seeker/Refugee Status (Please select one only)	Asylum Seeker		Refugee		Other	
--	---------------	--	---------	--	-------	--

<b>Doctor's Name</b>								
<b>Doctor's Address</b>								
<b>Doctor's Telephone N°</b>								
<b>Medical Conditions</b> (Please tick as many as apply)	Asthma	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	Nose Bleeds	<input type="checkbox"/>	Autism	<input type="checkbox"/>
	Migraine	<input type="checkbox"/>	Impaired Hearing	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Fainting	<input type="checkbox"/>
	Heart Condition	<input type="checkbox"/>	Impaired Eyesight	<input type="checkbox"/>	Cystic Fibrosis	<input type="checkbox"/>	Haemophiliac	<input type="checkbox"/>
	Diabetic	<input type="checkbox"/>	Allergy	<input type="checkbox"/>	Hyperactivity	<input type="checkbox"/>	Serious Allergy	<input type="checkbox"/>
	Eczema	<input type="checkbox"/>	Mobility Problems	<input type="checkbox"/>	Speech	<input type="checkbox"/>	Prescribed Diet	<input type="checkbox"/>
	Other (please specify)							
<b>Please give full medical information here including Medication/Action required</b>								
<b>Any other information that you feel the school should know?</b>								

#### 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 Brae High School.

I understand that photographs and videos are taken for use by Brae High 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) ☐

## **VISIT CONSENT**

At various times class teachers may organise visits outwith school. These visits are usually part of curricular investigations or opportunities to attend various activities organised in Shetland.

If you agree to your child taking part in these visits please sign below and **return the whole sheet** to the school.

Parents/Carers will be asked to sign a separate consent form for overnight trips or activity trips and will usually receive information about trips by letter

**I agree to the above (please tick the box)** ☐

## **COMPUTER USAGE AGREEMENT**

The computer network at Brae High 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 associated equipment.
- Pupils will not eat or drink near computers.
- Pupils will not copy, download or put their own software on school computers.

### **Work Habits**


- Pupils will agree to follow all teacher instructions when using the computers.
- Pupils will not alter the settings on the computers.
- Pupils will only read their own email.
- Pupils are responsible for the content of emails they send.

### **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.

Breaking any of the rules listed above may prevent pupils from using the computers. Parents/Carers must discuss with their child and agree to follow all of these rules.

**I agree to the above (please tick the box)** ☐

 The information provided by you is processed in accordance with the Data Protection Act 2018 to allow us to effectively deliver an education service. The Data Protection Act 2018 gives you the right to know how we will use your data. Further information about how we use your personal data is available from Children's Services or the Council's website at <http://www.shetland.gov.uk/information-rights/DataProtection.asp>. **Please assist us by informing the school promptly if any of this information changes.**

<b>I certify that, to the best of my knowledge, the above information is correct.</b>			
<b>Parent/Carer/Guardian's Name (Please Print)</b>			
<b>Relationship to Pupil</b>			
<b>Signature</b>		<b>Date</b>	