



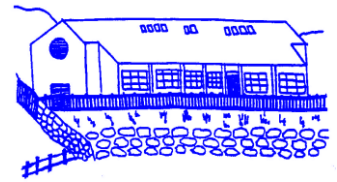
# Lunnasting Primary School Enrolment Form

Vidlin, Shetland, ZE2 9QB

Tel: 01595 745690

Fax: 01595 745692

E-Mail: lunnasting@shetland.gov.uk



<i>Date of Admission</i>		<i>Class</i>	
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**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 3 spaces.

<b>Main Contact</b>  This will be the main contact who will receive a copy of all communications. Usually parent or guardian.	Title		Address <b>if different</b> from Child's Address above.			
	Forename		House Name			
	Surname		N°. / Street			
	Daytime Workplace		Locality			
	Daytime Tel N°		Town			
	Home Tel N°		Postcode			
	Mobile Tel N°		Email Address			
	Relationship to Pupil		Can this person be contacted if there is a day time emergency?	Yes	<input type="checkbox"/>	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>  <b>This should be another adult who lives with the child or who is responsible for the care of the child</b>	Title		Address <b>if different</b> from Child's Address above.				
	Forename		House Name				
	Surname		Nº. / Street				
	Daytime Work place		Locality				
	Daytime Tel N°		Town				
	Home Tel N°		Postcode				
	Mobile Tel N°		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>Emergency Contact</b>	Title		Address <b>if different</b> from Child's Address above.				
	Forename		House Name				
	Surname		Nº. / Street				
	Daytime Workplace		Locality				
	Daytime Tel N°		Town				
	Home Tel N°		Postcode				
	Mobile Tel N°		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.		

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

<b>Position in Family</b>		of	
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<b>Home Language</b> (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)									

<b>Additional Languages</b> (If not already specified)	
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<b>Ethnic Origin</b> (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	

<b>Religion</b> (Please select one only)	Buddhist	Muslim	Other
	Christian	None	Other – Jehovah’s Witness
	Hindu	Not disclosed	Sikh
	Jewish	Not Known	

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

<b>Asylum Seeker/Refugee Status</b> (Please select one only)	Asylum Seeker	Refugee	Other
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<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	Hay Fever	Nose Bleeds	Autism
	Migraine	Impaired Hearing	Epilepsy	Fainting
	Heart Condition	Impaired Eyesight	Cystic Fibrosis	Haemophiliac
	Diabetic	Allergy	Hyperactivity	Serious Allergy
	Eczema	Mobility Problems	Speech	Prescribed Diet
	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>				

## Photographs/Videos Taken in School

**I consent / do not consent\* to my son/daughter being photographed / videoed whilst attending Lunnasting Primary School.**

I understand that photographs and videos are taken for use by Lunnasting Primary 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 out with the school e.g. SIC Children & Families Services and 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.

\*please delete as appropriate.

## Activities Out With School Premises

As a pupil in this school, your child may be involved, from time to time, in various activities out with the school premises. These will include field trips, sports activities such as swimming and football and visits to places of interest within Shetland.

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

**I agree/do not agree\* to my child taking part in trips and activities.**

\*please delete as appropriate.

## General Interest

Can you help occasionally with any of the following?

Community Garden  After School Activities  Friday Fun Activities  Other

Please give details of any interests or skills which you may be willing to share:

 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.**

**I certify that, to the best of my knowledge, the above information is correct.**

**Parent/Carer/Guardian's Name (Please Print)**

**Relationship to Pupil**

**Signature**

**Date**