



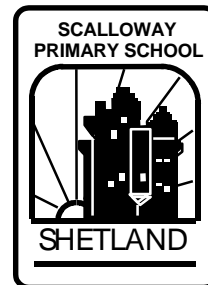
Scalloway Primary School Enrolment Form

New Road, Scalloway,
Shetland. ZE1 0TN

Tel: 01595 743777/Fax: 01595 880787

E-mail: scalloway.school@shetland.gov.uk

Website: www.scalloway.shetland.sch.uk



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

PLEASE COMPLETE IN BLOCK CAPITALS

Forenames			
Known As			
Surname			
Date of Birth		Sex (Male/Female)	
Pupil's Home Address Including post code			
Home Tel N°			
Previous School Name & Address			

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)
- Please list contacts 2, 3 and 4 in priority order i.e. contact 2 will be called before contact 3 and so on.
- 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 4 spaces.

Main Contact This will be the main contact who will receive a copy of all communications. Usually parent or guardian.	Title		Address if different 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 daytime emergency?		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.						

Contact 2	Title		Address if different 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	

Contact 3	Title		Address if different 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	

Contact 4	Title		Address if different 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	

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	
---	---------------	--	---------	--	-------	--

Doctor’s Name								
Doctor’s Address								
Doctor’s Telephone N°								
Medical Conditions (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)							
Please give full medical information here including Medication/Action required								
Any other information that you feel the school should know?								

 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.**

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 Scalloway Primary School.

I understand that photographs and videos are taken for use by Scalloway 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 outwith the school e.g. The Shetland Times, school twitter page etc. 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 the school and/or class teachers may organise visits outwith school. These could be for a variety of reasons such as Music Festival, trips to the library, museum and Historic Scotland sites. For any such trips you will be informed by letter or email prior to the trip taking place.

Parents/Carers will be asked to sign a separate consent form for any off island or overnight stays.

I agree to the above (please tick the box)

SHORT TERM SUPPORT CONSENT

I give permission for my child to receive short term support, should it be required, either to reinforce or extend learning.

I agree (please tick the box)

SWIMMING

I give permission for my child to take part in swimming lessons (please tick the box)

I certify that, to the best of my knowledge, the information provided is correct and I give/withhold consent as indicated above			
Parent/Carer/Guardian's Name (Please Print)			
Relationship to Pupil			
Signature		Date	