



Sandwick Junior High School Enrolment Form

Sandwick, Shetland. ZE2 9HH

Telephone No.: 01595 745320

sandwick@shetland.gov.uk

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



<i>Date of Admission</i>		<i>Class</i>	
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PLEASE COMPLETE IN BLOCK CAPITALS

Forenames			
Known As			
Surname			
Date of Birth		Sex (Male/Female)	
Pupil's Home Address Including post code			
Pupil Home Tel N°			
Pupil Mobile N°			
Pupil Home E-Mail			
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)
- 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.

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 day time 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	

Contact 5	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	

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	
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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	
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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)	
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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	
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Do you give permission for photographs and video footage to be taken of your child at school to be used in displays, by the press or on the school website?	Yes		No	
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Wears Glasses (If sometimes, please give details)	Yes		No		sometimes	
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Doctor's Name								
Doctor's Address								
Doctor's Telephone N°								
Medical Conditions (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)							
Please give full medical information here including Medication/Action required								
Any other information that you feel the school should know?								

 The information on this form will be processed electronically for administrative purposes. The information you provide will be treated confidentially. The Shetland Islands Council is registered as a Data Controller in terms of the Data Protection Act 1998. The processing and storage of this information will comply with the Data Protection Act 1998. Basic data will be shared with the National Health Service, Scottish Qualifications Authority, HM Inspectorate of Education, Careers Scotland, and the Scottish Government as part of the ScotXed return for statistical purposes. Further information on data sharing is available from the school. Pupil data is transferred when pupils move schools. **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	