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|  | | | **Sandwick Junior High School Enrolment Form**  Sandwick, Shetland, ZE2 9HH Telephone No 01595 745320  sandwick@shetland.gov.uk | | | | | O:\SJHS Broch Logo Final.png |
| *Date of Admission* |  | | *Class* |  |  |  | |

PLEASE COMPLETE IN BLOCK CAPITALS

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|  | Forenames |  | | | |
|  | **Known As** |  | | | |
|  | **Surname** |  | | | |
|  | **Date of Birth** |  | | **Sex (Male/Female)** |  |
|  | Pupil’s Home Address Including post code |  |  | | |
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|  |  | | |
|  | Pupil Home Tel No |  | | | |
|  | **Pupil Mobile No** |  | | | |
|  | **Pupil Home E-Mail** |  | | | |
|  | Previous SchoolName & 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.

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|  | **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 |  | 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 |  |
|  | 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. | | |  | | | | | |

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|  | **Contact 2** | Title |  | Address **if different** 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 |  |

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|  | **Contact 3** | Title |  | Address **if different** 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 |  |

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|  | **Contact 4** | Title |  | Address **if different** 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 |  |

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|  | **Contact 5** | Title |  | Address **if different** 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 |  |

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|  | 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. |  | |

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|  | **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 |  |  |  |

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

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

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| **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 |  |
|  | |  |  |  |  |  |
| Wears Glasses  (If sometimes, please give details) | Yes |  | No |  | Sometimes |  |

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|  | Doctor’s Name |  | | | | | | | |
|  | Doctor’s Address |  | | | | | | | |
|  | Doctor’s Telephone No |  | | | | | | | |
|  | 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 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.**

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| **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** |  |