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|  | | **Sound Primary School**  **Lerwick**  **Shetland**  **ZE1 0LY**  **01595 744982**  [**sound@shetland.gov.uk**](mailto:sound@shetland.gov.uk)  [**https://blogs.glowscotland.org.uk/sh/soundschool/**](https://blogs.glowscotland.org.uk/sh/soundschool/) | | cid:8049a1d5-e127-4429-868a-593f3454c4b7@shetland.gov.uk |
| **SOUND PRIMARY SCHOOL ENROLMENT FORM**  ***Working together to improve outcomes for learners to be the best that they can be.*** | | | |
| ***This section is for the office to complete:*** | | | |
| *Date of Admission* |  | *Class* |  |
| *SEEMIS* |  | *ParentPay* |  |
| *Medical Information* |  | *Email Lists* |  |
| *Canteen* |  | *PPR* |  |
| *Gulberwick Bus List &* ***Transport*** |  | *Emergency Contacts* |  |

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|  | **The following section should be completed in block capitals by parent/carer:** | | | | |
|  | Pupil’s Forenames |  | | | |
|  | **Known As** |  | | | |
|  | **Surname** |  | | | |
|  | **Date of Birth** |  | | **Sex (Male/Female)** |  |
|  | Pupil’s Home Address Including post code |  |  | | |
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|  |  | | |
|  | Home Tel No |  | | | |
|  | Previous School or Nursery SettingName, Address & Telephone number |  | | | |

The school needs contact details for the following:

* A ‘Main Contact’, our first point of contact, who will receive all routine communications and report cards.
* A second **Parent/Carer** can also be a contact and may receive routine communications and, if required, a report card.
* Additional ‘Emergency Contact(s)’ can be contacted if we are unable to reach a parent/carer; we will phone them in the order listed. (It is not essential to complete all the contact boxes).

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|  | **Main Contact -**  **Parent/Carer**  This will be the main contact who will receive a copy of all communications.  Usually parent or carer. | 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/carers living at the pupil’s home address. If this is not appropriate, please write the alternative here. | | |  | | | | | |

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|  | **Parent/Carer** | Title |  | **Address - if different from Child’s Address.** | | | | | |
|  | 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 |  |
|  | Should this person also receive all parent/carer correspondence? | | | | Yes |  | No |  |

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|  | **Additional**  **Contact 1** | 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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|  | **Additional**  **Contact 2** | 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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|  | **Additional**  **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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|  | **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 |  |  | |  | |
| **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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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 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 | |  | | | | | | |
|  | | | | | | | | |
| |  |  | | --- | --- | | Special Dietary Requirements |  | | | | | | | | | |
| 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.**

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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** |  |

#### 

**Child’s Name:**

CONSENT UNDER DATA PROTECTION - PHOTOGRAPHS / VIDEOS TAKEN IN SCHOOL

Please tick the relevant box for statement below:

**I consent** to my son/daughter being photographed / videoed whilst attending Sound Primary School.

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

I understand that photographs and videos are taken for use by Sound School in appropriate circumstances. Photographs and videos are often taken of project work, trips, specialist subjects and activities, concerts and musical performances, and these could be displayed within the school for the children and visitors to see, in our newsletters, on our website (GLOW blog) or used in the other educational material. I also understand that pictures may be displayed out with 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 out with school. These visits are a core part of Curriculum for Excellence and reinforce learning done in school.

By signing the consent box below, you agree to your child participating in local school trips within Lerwick. You will be asked to sign individual consent forms for visits out with Lerwick.

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)

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| **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) | |  | | |
| **Signature** |  | | **Date** |  |

**PARENT/CARER & PUPIL CONSENT FOR LIVE REMOTE LEARNING (If Required)**

There may be times where live remote learning is required and this may see Teachers/instructors delivering live lessons or catch ups with pupils through Microsoft Teams or another virtual platform.  Live teaching will involve the use of audio and/or video.

Please note that live online lessons and catch ups are not recorded.  SIC Children's Services requests that no attempt is made to record any online teaching by pupils or adults alike.

Parental consent is essential before a pupil can engage in live audio/video online with staff.

**Agreement for Remote Teaching and Instrumental Instruction - Teacher/Instructor**

The teacher or instrumental instructor will:

• discuss roles and responsibilities with pupils at the outset of delivery;

• be punctual at the beginning and end of each lesson;

• notify all pupils/parents and schools of any cancelled classes or change in arrangements;

• create a file storage area for each course on Glow - this will contain all the information pupils need for each lesson;

• set up a protocol for labelling of files for pupils;

• ensure that they keep themselves up to date with all relevant policies and procedures, including Child Protection;

• end the remote teaching experience immediately if they are feeling uncomfortable about any aspect of the experience.

**Agreement for Remote Teaching and Instrumental Instruction - Pupil**

Please note that by signing ‘An Acceptable Use of ICT Agreement’ this agreement still stands in the virtual learning environment.

For the purposes of remote teaching and instrumental instruction, pupils will:

• only use their Glow email address for class communication;

• be punctual for all lessons;

• access the files for each lesson on Glow in advance and have the materials to hand;

• make sure they have all power adaptors, laptops, screen connections ready before the lesson begins;

• submit all assignments on time in accordance to the agreed protocols;

• show respect for everyone in the online classroom;

• dress appropriately for all classes, thinking about modesty and respect for others;

• ensure the location they log in from is appropriate i.e. give consideration to background, camera angle, privacy etc.

• take part from a public area in their home and not from their bedroom under any circumstance;

• seek to contribute to the class in a positive manner and not be disruptive at any time;

• leave the Vscene Hub if they are feeling uncomfortable;

• understand that no part of the ‘live virtual lesson’ will be recorded;

• understand and agree that no documentation stored for learning, whether it be assignments or materials shall be duplicated, copied or shared with anyone other than the pupil or school;

***By ticking this box as parent/carer of the child named above I can confirm they are aware of these protocols and agree to adhere to them.***

**Agreement for Remote Teaching and Instrumental Instruction - Parent/Carer**

• I understand that no part of remote teaching and instrumental instruction can be recorded.

• I understand and agree that no documentation stored for learning, whether it be assignments or materials shall be duplicated, can be copied or shared with anyone other than my child and his/her school.

• I give my consent for my child as named above to be involved in live teaching or check ins involving audio and/or video.

***By ticking this box as parent/carer of the child named above I can confirm that I agree with the above, and give consent for my child (as named above)***

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| --- | --- | --- | --- | --- |
| **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) | |  | | |
| **Signature** |  | | **Date** |  |