

SCOTTISH BORDERS COUNCIL

ADMISSION FORM FOR _____ SCHOOL

THIS FORM MUST BE COMPLETED FOR YOUR CATCHMENT AREA SCHOOL

DATA PROTECTION

Please note that the information provided on this form will be held on computer and in manual files for the purpose of registration and statistical analysis. This information may be passed to your own local authority if you do not reside within Scottish Borders Council boundaries. This information will be passed to relevant employees of Scottish Borders Council, and may be passed to NHS Borders for the purpose of arranging medical examinations.

To comply with legislation, Scottish Borders Council's Children & Young People's Services are trying to ensure that all parents or carers who are entitled to receive school information are given the opportunity to do so. To this end, where the child's parents are not residing together, it would be helpful if the parent or carer whom the child resides could provide the names and addresses of any other parties such as a natural parent who may be entitled to receive school information.

Please note that parties such as divorced parents or unmarried fathers shall only be refused access to information in limited circumstances. These include circumstances where to disclose information would in the opinion of the Children & Young People's Services cause significant distress or harm to the child or another person. The existence of Court Orders preventing access to information being given will also be taken into account.

PLEASE COMPLETE IN BLOCK CAPITALS

Forename(s)		Surname (<i>as per birth certificate</i>)	
Known as		Date of Birth	
Gender (M/F)		Admission Date	Year Group <i>E.g. P1, P2</i>
Child's Home Address			
Postcode		Home Tel No	
Placement Request (i.e. outwith catchment area)	Yes / No (please delete as appropriate)		
Position in Family (eg second child of 3 : 2/3)			
Name(s) and age(s) of siblings in school:			

Previous School/Setting Attended

Local Authority Nursery	
Playgroup/Private Nursery	
Previous School Name (<i>if applicable</i>)	
Previous School Address	
If school named above is not in Scotland, please name any Scottish school previously attended (if any).	

Parent(s) / Guardian(s) / Carer(s) living at child's home address

Relationship to child	<i>Eg Mother Guardian/Step-mother</i>	<i>Eg Father Guardian/Step-father</i>
Please tick one main contact		
Title (Mr, Mrs, etc)		
Forename(s)		
Surname		
Can be contacted in an emergency during the day	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Daytime Tel No		
Mobile Tel No		
Home / work email (please state)		

Other emergency contacts (excluding parents/guardians)

Give names, daytime telephone numbers & relationship to child, eg neighbour, aunt.

ADDITIONAL PARENTAL CONTACTS

For the purposes of the school records a child's parent is defined as his/her natural parent and includes guardian and any person who is liable to maintain or has parental responsibilities in relation to, or has care of a child or young person. It would be helpful if the parent or carer with whom the child resides could provide the names and addresses of any other parties such as a natural parent who may be entitled to receive school information.

Relationship to child	<i>E.g. Mother Guardian/Step-mother</i>	<i>E.g. Father Guardian/Step-father</i>
Title (Mr, Mrs, etc)		
Forename(s)		
Surname		
Can be contacted in an emergency during the day	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Daytime Tel No		
Mobile Tel No		
Address		
Home/work email (please state)		
Does the absent parent require to be on the school mailing list (for example, to receive copies of reports)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Medical Details

Practice Name		Tel No	
Address			
Does the child have any of the following medical conditions? Please tick the appropriate box(es) below.			
Epilepsy	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
		Anaphylaxis	<input type="checkbox"/>
		Diabetes	<input type="checkbox"/>
		Severe Allergies	<input type="checkbox"/>
Migraine	<input type="checkbox"/>	Eczema	<input type="checkbox"/>
		Dietary Requirements	<input type="checkbox"/>
		Bladder Problems	<input type="checkbox"/>
		Other (use box below)	<input type="checkbox"/>
Does the child have difficulty with any of the following? Please tick the appropriate box(es) below.			
Hearing	<input type="checkbox"/>	Vision	<input type="checkbox"/>
		Co-ordination	<input type="checkbox"/>
		Communication	<input type="checkbox"/>
		Impaired mobility	<input type="checkbox"/>
Please provide detail of other health needs, i.e. medication, type of allergy, etc.			

Child Health Information

(for admission purposes only for those new to SBC)

Is your child registered with a dentist?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have an additional support need (e.g. developmental delay, learning difficulty, long term illness that you wish us to be aware of?)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give a brief description	
Professional Involved with your child you wish us to be aware of?	Service
	Name

National Identity

Please tick one box which best describes your child's nationality

Scottish <input type="checkbox"/>	English <input type="checkbox"/>	Northern Irish <input type="checkbox"/>	Welsh <input type="checkbox"/>
British <input type="checkbox"/>	Not Disclosed <input type="checkbox"/>	Not Known <input type="checkbox"/>	Other <input type="checkbox"/>

Religious Affiliation

Please tick the one box which best describes your child's religion

Buddhist <input type="checkbox"/>	Christian <input type="checkbox"/>	Hindu <input type="checkbox"/>	Jewish <input type="checkbox"/>
Muslim <input type="checkbox"/>	Sikh <input type="checkbox"/>	Not Disclosed <input type="checkbox"/>	Not Known <input type="checkbox"/>
None <input type="checkbox"/>	Other <input type="checkbox"/>		

Ethnic Origin

Please tick one box which best describes your child

White – Scottish <input type="checkbox"/>	Asian – Indian / British / Scottish <input type="checkbox"/>	Caribbean or Black – Caribbean / British / Scottish <input type="checkbox"/>
White – Other British <input type="checkbox"/>	Asian – Pakistani / British / Scottish <input type="checkbox"/>	Mixed or multiple ethnic groups <input type="checkbox"/>
White – Irish <input type="checkbox"/>	Asian – Bangladeshi / British / Scottish <input type="checkbox"/>	Caribbean or Black – Other <input type="checkbox"/>
White – Gypsy/Traveller <input type="checkbox"/>	Asian – Chinese / British / Scottish <input type="checkbox"/>	Other - Arab <input type="checkbox"/>
White - Polish <input type="checkbox"/>	Asian- Other <input type="checkbox"/>	Other <input type="checkbox"/>
White – Other <input type="checkbox"/>	African – African / Scottish / British <input type="checkbox"/>	Not Disclosed <input type="checkbox"/>
	African – Other <input type="checkbox"/>	Not Known <input type="checkbox"/>

Main Home Language and Additional Languages

English as the main language (please tick if appropriate)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please tell us the main language spoken if not English		
Please state all Additional Languages (including any form of Sign Language)		

Asylum Status (please tick if appropriate)

If **applicable** please tick one box which best describes your child. If you have ticked either of the boxes below, please provide the school with a copy of your passport and VISA

Asylum Seeker <input type="checkbox"/>	Refugee <input type="checkbox"/>
----------------------------------------	----------------------------------

Gypsy/Traveller (if applicable)

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

Armed Forces (Please tick if a parent or carer is one of the following)

Regular <input type="checkbox"/>	Reserve <input type="checkbox"/>	Veteran <input type="checkbox"/>	Undisclosed <input type="checkbox"/>
----------------------------------	----------------------------------	----------------------------------	--------------------------------------

PHOTOGRAPHS / VIDEO + MEDIA CONSENT UNDER THE DATA PROTECTION ACT 1998

Photographs and videos may be taken by staff in the school, media and other parents for a variety of reasons for example Sports Day, celebrations of achievement, charity events, excursions etc.

The school your child attends may wish to display or show photographs or videos taken by themselves, in print, in various locations or by electronic means such as a website. Likewise the media or other parents may wish to use the images of pupils in various ways

The Local Authority wishes to ensure that you are aware of, and understand, such possible use of your child's image and that you have consented.

Please note that the permissions below will remain in force during your child's primary and secondary schooling unless you write to the school and change the permissions. If you have any queries or concerns about the questions below, please contact the Head teacher prior to signing and submitting this form.

Please indicate by ticking yes or no, which of the following you consent to

1. Your child being photographed / videoed by staff within school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Your child being photographed / videoed by the media?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Your child being in a setting whereby other parties such as parents may include them in photographs or videos?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered no to any of the above, the Local Authority may wish to discuss your concerns with you further to ensure that necessary adjustments are put in place to enable your child to participate in events etc.		
4. your child's photograph / video or image being <u>publicly displayed / released</u> by Local Authority staff, or staff in the school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. your child's <u>name</u> being <u>publicly displayed / released</u> by the Local Authority, or staff in the school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. your child's photograph/video or image being <u>publicly displayed / released</u> by the media?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. your child's <u>name</u> being <u>publicly displayed / released</u> by the media?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. your child's data (which may include personal sensitive data) being passed to other organisations contracted by SBC to provide services, for example cashless catering?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
All organisations will have signed a Confidentiality Disclosure Agreement		

INTERNET RESPONSIBLE USE AGREEMENT

The School uses Internet resources as part of its curriculum. It is Council Policy not to allow unsupervised access to the Internet.

Do you consent to your son/daughter having Internet access in a **supervised** situation?

Please tick : YES NO

I declare the information on this form to be correct to the best of my knowledge.

Signed (Parent/Guardian) Date

Signature of Head Teacher: Date

For School/Office Use Only:			
Admission Date		PPR Requested Date	
Birth Cert Seen (Sign)		PPR Received Date	
Stage on Entry		Date Record Transferred into Click & Go	
Scottish Candidate Number (SCN)		Bus Pass Applied For	
		Network Admin Informed	