

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 (as per birth certificate)	
Known as		Date of Birth	
Gender M/F		Admission Date	Year Stage
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 (if applicable)	
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 record 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		
Daytime Tel No		
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 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 identity							
Scottish		English		Northern Irish		Welsh	
British		Not Disclosed		Not Known		Other	

Religious Affiliation Please tick one box which best describes your child's religion							
Buddhist		Christian		Hindu		Jewish	
Muslim		Sikh		Not Disclosed		Not Known	
None		Other					

Ethnic Origin Please tick one box which best describes your child							
White - Scottish		Asian- Indian/British/Scottish		Caribbean or Black Caribbean/British/Scottish			
White – Other British		Asian – Pakistani/British/Scottish		Mixed or multiple ethnic groups			
White – Irish		Asian – Bangladeshi/British/Scottish		Caribbean or Black – Other			
White – Gypsy/Traveler		Asian – Chinese/British/Scottish		Other - Arab			
White – Polish		Asian – Other		Other			
White - Other		African – African/Scottish/British		Not Disclosed			
		African - Other		Not Known			

Main Home Language and Additional Languages

English is the main home language (please tick) Necessary for provision of 'English as a Foreign Language' Teaching	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please tell us the main home 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"/>
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Gypsy/Traveler (if applicable)

Yes <input type="checkbox"/>		No <input type="checkbox"/>
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Armed Forces

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

Regular		Reserve		Veteran		Undisclosed	
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DATA SHARING

Please note that from time to time your child's data may be shared with the following parties

1	The Scottish Government for examination, career guidance and monitoring purposes.
2	ParentPay, EPS and CRB to allow the school to offer cashless catering and to receive payment for school trips and events.
3	Groupcall to allow the school to communicate with you.
4	The NHS for health monitoring.
5	Netmedia to enable the online arrangement of parents' evenings.
6.	Internal Scottish Borders Council departments to allow the provision of catering and transport.
7.	Education Scotland for the provision of access to Glow Education site and provision of a Glow email account

On each occasion, the recipients are bound to the terms of a Data Sharing Agreement and accordingly will only use your child's data for the specified purpose.

