

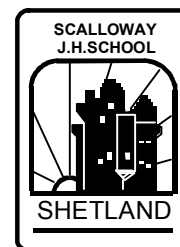


# Scalloway J H School Enrolment Form

New Road, Scalloway,  
Shetland. ZE1 0TN

Tel: 01595 743777/Fax: 01595 880787

E-mail: [scalloway.school@shetland.gov.uk](mailto:scalloway.school@shetland.gov.uk)



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

<b>Forenames</b>			
<b>Known As</b>			
<b>Surname</b>			
<b>Date of Birth</b>		<b>Sex (Male/Female)</b>	
<b>Pupil's Home Address Including post code</b>			
<b>Pupil Home Tel N°</b>			
<b>Pupil Mobile N°</b>			
<b>Pupil Home E-Mail</b>			
<b>Previous School Name &amp; Address</b>			

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.

<b>Main Contact</b>  This will be the main contact who will receive a copy of all communications. Usually parent or guardian.	Title		Address <b>if different</b> 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	<input type="checkbox"/>	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.						

<b>Contact 2</b>	Title		Address <b>if different</b> from Child's Address above.				
	Forename		House Name				
	Surname		N <sup>o</sup> . / Street				
	Daytime Work place		Locality				
	Daytime Tel N <sup>o</sup>		Town				
	Home Tel N <sup>o</sup>		Postcode				
	Mobile Tel N <sup>o</sup>		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	

<b>Contact 3</b>	Title		Address <b>if different</b> from Child's Address above.				
	Forename		House Name				
	Surname		N <sup>o</sup> . / Street				
	Daytime Workplace		Locality				
	Daytime Tel N <sup>o</sup>		Town				
	Home Tel N <sup>o</sup>		Postcode				
	Mobile Tel N <sup>o</sup>		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	

<b>Contact 4</b>	Title		Address <b>if different</b> from Child's Address above.				
	Forename		House Name				
	Surname		N <sup>o</sup> . / Street				
	Daytime Workplace		Locality				
	Daytime Tel N <sup>o</sup>		Town				
	Home Tel N <sup>o</sup>		Postcode				
	Mobile Tel N <sup>o</sup>		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	

<b>Contact 5</b>	Title		Address <b>if different</b> from Child's Address above.				
	Forename		House Name				
	Surname		N <sup>o</sup> . / Street				
	Daytime Workplace		Locality				
	Daytime Tel N <sup>o</sup>		Town				
	Home Tel N <sup>o</sup>		Postcode				
	Mobile Tel N <sup>o</sup>		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.

<b>Siblings</b> Brothers and sisters who attend this school	Name		Date of Birth	Name		Date of Birth
	1.			4.		
	2.			5.		
	3.			6.		

<b>Position in Family</b>		of	
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<b>Home Language</b> (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)									

<b>Additional Languages</b> (If not already specified)	
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<b>Ethnic Origin</b> (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			

<b>Religion</b> (Please select one only)	Buddhist		Muslim		Other	
	Christian		None		Other – Jehovah's Witness	
	Hindu		Not disclosed		Sikh	
	Jewish		Not Known			

<b>National Identity</b> (Please select one only)	Scottish		Welsh		Not Disclosed	
	English		British		Not known	
	Northern Irish		Other			

<b>Asylum Seeker/Refugee Status</b> (Please select one only)	Asylum Seeker		Refugee		Other	
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<b>Doctor's Name</b>								
<b>Doctor's Address</b>								
<b>Doctor's Telephone N°</b>								
<b>Medical Conditions</b> (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)							
<b>Please give full medical information here including Medication/Action required</b>								
<b>Any other information that you feel the school should know?</b>								

 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.**

<b>I certify that, to the best of my knowledge, the above information is correct.</b>			
<b>Parent/Carer/Guardian's Name (Please Print)</b>			
<b>Relationship to Pupil</b>			
<b>Signature</b>		<b>Date</b>	

## CONSENT UNDER DATA PROTECTION - PHOTOGRAPHS / VIDEOS TAKEN IN SCHOOL

I consent / do not consent (please delete appropriately) to my son/daughter being photographed / video taped whilst attending Scalloway JH School.

I understand that photographs and videos are taken for use by Scalloway JH School in appropriate circumstances. Photographs and videos are often taken of class project work, specialist subjects, concerts and musical performances, sports activities and class trips and these could be displayed within the school for the children and visitors to see, in our newsletters, on our website or used in the project materials we exchange with other schools e.g. our partner schools. I also understand that pictures may be displayed outwith 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 outwith school. These visits are usually part of our Environmental Studies programme but could include other visits e.g. to the library.

Parents/Carers will be asked to sign a separate consent form should visits be organised outwith Scalloway and will usually be informed by letter about visits organised within Scalloway.

I agree to the above (please tick the box)

### SWIMMING

I give permission for my child to take part in swimming lessons (please tick the box)

### COMPUTER USAGE AGREEMENT

The computer network at Scalloway JH School has been provided for us to use as a tool in our classrooms. We are able to use the computers to get information from around the world to help us learn.

#### **Care and Use of the Equipment**

- Pupils will care and look after the computers and all their parts.
- Pupils will not eat or drink near the computers.
- Pupils will not copy, download or put their own software on the school computers as this may cause a virus.

#### **Work Habits**

- Pupils will agree to follow all teacher instructions when using the computers.
- Pupils will only use the computers when a teacher is present.
- When using the World Wide Web, pupils will only search for information about their school work.
- Pupils will not alter the settings on the computers.
- Pupils will only read their own email.
- Pupils will make sure that the emails they send out shows politeness and respect as representatives of Scalloway JH School.

#### **Personal Safety**

- Pupils will use only their first name when communicating with other people.
- Pupils will not give out their password, their own or anyone else's home address, their own or anyone else's home or mobile phone number.
- Pupils will tell their teacher if they find any information that makes them feel bad or uncomfortable.

Breaking any of the rules listed above will prevent pupils from using the computers for a negotiated period of time. Parents/Carers must discuss with their child and agree to follow all of these rules.

I agree to the above (please tick the box)

Parent/Carer's Signature .....

Parent/Carer's Name ..... Date .....