

Name of Establishment: _____

PLEASE COMPLETE IN BLOCK CAPITALS

Does your child have a significant disability? Yes / No	
If the answer to this is yes then you need to meet with the Head Teacher or her/his representative to discuss completion of a Managing Accessibility Plan to ensure that your child's needs are met.	
Question 1 - Will your child need additional support for any reason? <i>(It could be for health or medical needs, accessibility to school buildings, learning difficulties or behaviour.)</i>	Y / N
If "YES" please ask for help to complete form B	
Question 2 - Does your child have a special dietary requirement?	Y / N
If "YES" please ask for help to complete form D	
Question 3 - Do you require information that is sent home from school to be in a language other than English or in a particular format?	Y / N
If "YES" please ask for help to complete form E	
Question 4 - Do you have any requirements to help you access the school buildings?	Y / N
If "YES" please ask for help to complete form F	
Basic Tab <i>For Office Use Only</i>	Admission Date
	Reg Gp and/or Org Gp
	House
Forenames	
Known As	
Authority Tab	Legal Surname
	Former Surname
	Date Of Birth
Office to Enter	(Birth Certificate seen by office?) Yes / No
Gender Male / Female	
Year/Stage	
Address Tab Pupil Home Address	House Name
	No. / Street
	Locality
	Town
	Postcode
	Pupil Home Tel No
	Pupil Mobile No
Pupil Home E-Mail	
Previous School Name and Telephone No. <i>(If previous School is non-seemis then record details in Authority Tab)</i>	
If previous school not in Scotland, but your child did attend a Scottish School, please state most recent	
Scottish Candidate Number <i>(if known)</i>	

We need to have details of contacts such as:

- A main contact who will receive all routine communications, School Reports and any addressed communications.
- An emergency contact who can be contacted during the school day, whom may also be the main contact.
- A 'snow address' contact where your child can go in the event of a snow closure. This in some circumstances may also be the main contact, but in other circumstances has to be an address in the village or town where the school is based.
- Contact details of parents and guardians/carers, not covered as a main contact, who will also be sent copies of school reports.
- One contact may cover 2 or more of these purposes – you do not need to complete all 5 sections.

Contact Tab Contact 1 This will be the main contact who will receive a copy of all communications. Usually parent or guardian/carer.	Title		Address if different from Child's Address above.			
	Forename		House Name			
	Surname		No. / Street			
	Gender		Locality			
	Daytime Tel No		Town			
	Home Tel No		Postcode			
	Mobile Tel No		Email Address			
	Relationship with Pupil		Can this person be contacted if there is a day time emergency?	Yes		No
What name should we use when addressing communications to this person?			What name(s) should we use for Guardian Salutation?			

Contact 2 This is usually second parent or guardian/carer. (who will also be sent addressed communications and reports)	Title		Address if different from Child's Address above.				
	Forename		House Name				
	Surname		No. / Street				
	Gender		Locality				
	Daytime Tel No		Town				
	Home Tel No		Postcode				
	Mobile Tel No		Email Address				
	Relationship with 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	

Contact Tab or Authority Tab Contact 3 Storm address (where appropriate) which usually is an address in the village or town where the school is based.	Title						
	Forename		House Name				
	Surname		No. / Street				
	Gender		Locality				
	Daytime Tel No		Town				
	Home Tel No		Postcode				
	Mobile Tel No		Email Address				
	Relationship with 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	

Contact 4 This could be a relative or friend who can also be contacted in an emergency.	Title		Address if different from Child's Address above.			
	Forename		House Name			
	Surname		No. / Street			
	Gender		Locality			
	Daytime Tel No		Town			
	Home Tel No		Postcode			
	Mobile Tel No		Email Address			
	Relationship with 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

Contact 5	Title		Address if different from Child's Address above.			
	Forename		House Name			
	Surname		No. / Street			
	Gender		Locality			
	Daytime Tel No		Town			
	Home Tel No		Postcode			
	Mobile Tel No		Email Address			
	Relationship with 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

List the contact numbers in the order you would like the school to phone in an emergency. Highest priority first.	High Medium Low
List the mobile phone numbers or email addresses in the order you would like the school to text/email for absence/attendance or event alerts. Highest priority first.	High Medium Low

Contact Tab Doctor/ Medical Practice	Doctor's Name		Street	
	Surgery Name		Locality	
	Surgery Tel No		Town	
	Relationship with the Pupil	Doctor	Postcode	

Personal Tab Looked After (child is under supervision by an Authority)	Looked After Location	Away from home	At home	Previously Looked After
	Looked After By which Authority			
	Home Authority			

Language Tab Level of English (If 'English is a first language' no other box needs to be ticked)	English as a "first-language"		Competent	
	New to English		Fluent	
	Early Acquisition		Limited Communication	
	Developing Competence		Not Assessed	

Languages Spoken (Please select one only) SL = Sign Language	Bengali		English		Gaelic		Polish		Spanish		
	Cantonese		English SL		German		Portugese		Tagalog		
	Chinese		Doric		Latvian		Russian		Urdu		
	Dutch		French		Lithuanian		Scots		Not known/not divulged		
	Other (please specify)										

Ethnic Origin (Please select one only)	White – Scottish		Mixed or Multiple Ethnic Groups		Caribbean or Black Caribbean/ British/Scottish		Not Disclosed	
	White – Other British		Asian – Indian/British/Scottish		Caribbean or Black - Other		Not Known	
	White - Irish		Asian – Pakistani/ British/Scottish		African – African / British / Scottish			
	White – Gypsy/Traveller		Asian – Bangladeshi /British/Scottish		African - Other			
	White - Polish		Asian – Chinese /British/Scottish		Other - Arab			
	White - Other		Asian – Other		Other - Other			

Religion (Please select one only)	Buddhist		Muslim		Not Known				
	Christian		None		Sikh				
	Hindu		Not disclosed						
	Jewish		Other						
Do you wish your child to be withdrawn from collective worship?						Yes		No	

Asylum Seeker/Refugee Status (Please tick if appropriate)	<input type="checkbox"/>	Asylum Seeker	<input type="checkbox"/>	Refugee	<input type="checkbox"/>
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National Identity (Please select one only)	British		Northern Irish		Other (Please state)	
	English		Welsh		Not Disclosed	
	Scottish		Not Known			

Medical Tab	Asthma	Hay Fever	Nose Bleeds	Autism
Does your son / daughter have any of these medical conditions? (Please tick as many as apply)	Migraine	Impaired Hearing	Epilepsy	Fainting
	Heart Condition	Impaired Eyesight	Cystic Fibrosis	Haemophilic
	Diabetic	Allergy	Hyperactivity	Serious Allergy
	Eczema	Mobility Problems	Speech	Prescribed Diet
	Other (please specify)			
What medication/action is required?				
What medical information do we need to know?				

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

ADDITIONAL INFORMATION	Free School Meals Request	Yes		No		(If Yes please contact School for Application Form)
	Clothing Grant Request	Yes		No		(If Yes please contact local Benefits Section)
	Do you require Transport	Yes		No		(If Yes please contact School for Application Form)
	Distance from home to school			To check this (purely a rough guide) go to www.aberdeenshire.gov.uk / local information / interactive map and type in your address. Double click on the address and click on education to find zoned school and an estimate of distance. If you are unsure or do not have access to a computer please contact the Public Transport Unit on 01224 665195.		

The information on this form (and on additional forms B, D, E & F if completed) will be processed by Aberdeenshire Council in order to enrol your child at school, and for the provision of additional support, school transport and school meals as appropriate. This information will be confidential. The processing and storage of this information will comply with the Data Protection Act 1998. Certain information may be shared with e-care Grampian (school doctor and school dentist service), Careers Scotland, school transport providers (if required) and to the Scottish Government Education Department as part of the ScotXed return for statistical purposes. An information leaflet about ScotXed is available from this school. If your child transfers to another school we will send this information to the new school. Please assist us by telling the school promptly if any of this information changes.

We will only reveal information to somebody else where we have your permission or where we have to in order to supply information or a service that you have asked us for. We do not sell or rent information to anybody.

I certify that, to the best of my knowledge, the above information is correct.

* Parent/carer/guardian name (Please Print):

* Relationship to the Pupil:

* Signature:

Date: