



Pupil Registration Form for Entry to Secondary School

..... School

1. Data Protection Act 1998 – The information provided by you will be used for the administration and management of Education & Children's Services. In terms of the Data Protection Act 1998, you are entitled to know what personal data information Perth & Kinross Council hold about you for a fee. Applications should be made to the Executive Director (Education & Children's Services), Pullar House, 35 Kinnoull Street, Perth, PH1 5GD. Extracts of the information will be shared with the Scottish Government for statistical purposes; Skills Development Scotland to monitor career opportunities and uptake of courses; The Electoral Registration Officer to offer the opportunity to register on the Electoral Roll when approaching their eighteenth birthday and with the NHS for monitoring the child health immunisation programme.
2. Changes of circumstances should be notified in writing to the school immediately.
3. The personal information provided is held by Education & Children's Services (ECS) and will be recorded on the school computer Management Information System (MIS).
4. Please check all sections and correct/complete, sign and return to your child's school.
5. Note that ECS also hold photography/video/copyright approval details. If you wish to amend these details you should contact the school in writing.

PLEASE COMPLETE THE FORM IN INK AND IN BLOCK CAPITALS

Section 1 – Pupil's Personal Details

Forename(s): _____	Known As: (full name)	_____
Surname: _____	Date of Birth:	_____
Full Address: _____ _____	Gender: (please ✓)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Postcode: _____	Home Telephone No:	_____

Section 2 – Former/Current School

Name and Address of Current/Former School: _____	Telephone No: _____
Date of Leaving: _____	Stage on Leaving: _____

Section 3 – Details of Siblings

Name	Date of Birth	Stage/ Reg Group	School

For office use only									
Placing Request(✓)	Y		N		If yes, what is catchment School?				
Birth Cert seen: (✓)	Y		N		Council Tax & Utility or other Acceptable Documents seen: (✓)	Y		N	
Baptismal Cert seen: (Catholic Schools only)	Y		N		Admission Date:			Stage & Registration Group	
SCN					SEEMIS ID			INITIALS of Verifier	

Section 4 – Parent/Carer Information

- Notes
1. A pupil's parent/carers is defined as his/her natural parent and any other person who is his/her carer, has parental responsibility for, or is liable to maintain him/her.
 2. If an estranged parent is to be refused information about or access to a child, the school must have sight of relevant court orders.
 3. The mobile number for the main carer will generally be used to contact parents by Groupcall Text Messaging Service.

When a child is ill or hurt, **we will make contact as per chosen priority below in the first instance.** However, in Section D please provide details of an emergency contact who can collect your child from school **if you are unavailable.**

In sections A and B please indicate parents or carers that live with this child.

A

Name:	_____	Relationship to Child (e.g. mother/father/step-parent)	_____
Daytime Telephone No:	_____	Mobile No:	_____
Place of Work (if applicable)	_____	Email Address:	_____
Priority for Contact (e.g. 1 st , 2 nd , etc)	_____		

B

Name:	_____	Relationship to Child (e.g. mother/father/step-parent)	_____
Daytime Telephone No:	_____	Mobile No:	_____
Place of Work (if applicable)	_____	Email Address:	_____
Priority for Contact (e.g. 1 st , 2 nd , etc)	_____		

In section C, please indicate if there is a parent not living with this child

C

Name:	_____	Relationship to child (e.g. mother/father)	_____
Address	_____	Telephone No:	_____
	_____	Mobile No:	_____
Postcode	_____	Place of Work (if applicable)	_____
Priority for Contact (e.g. 1 st , 2 nd , etc)	_____		

Is this person to receive copies of reports/letters about this child? Yes/No (delete as appropriate)

In Section D, please provide an Emergency Contact

D

Name:	_____	Relationship to child (e.g. Grandparent, friend)	_____
Address	_____	Telephone No:	_____
	_____	Mobile No:	_____
Postcode	_____	Place of Work (if applicable)	_____
Priority for Contact (e.g. 1 st , 2 nd , etc)	_____		

Section 5 – Support Information

- Notes
1. It is your responsibility to inform the school if your child develops any contagious or infectious disease(s).
 2. Parents/carers should contact the school to discuss dispensing of any medication.
 3. Please do not assume the school is aware of any health issues relating to your child as medical staff do not pass information to the school.

Medical Information (please ✓)

1 Doctor's Name: _____ Surgery address: _____
 Telephone No: _____

2 Does your child have any allergies, e.g. nut allergy? Yes No
 If yes, please give details. _____

3 Does your child have a disability? Yes No

4 Has this been confirmed by an appropriate professional? Yes No

5 If this has been confirmed are adaptations required: Yes No

(i) Physical (e.g. lift, ramp etc) Yes No

(ii) Curriculum (large print etc) Yes No

(iii) Communication (sign-language etc) Yes No

6 Are there any other health problems of which we should be aware? Yes No
 If yes, please give details. _____

Looked After Children

- A child is looked after when:
- he or she is the subject of a supervision requirement, at home, with relatives or friends or in accommodation (i.e. foster/residential care or residential schools).
 - he or she is accommodated by the Council under Section 25 of the Children (Scotland) Act 1995 where the Council has a duty to safeguard welfare.
 - he or she is the subject of a place of safety order, children protection order or parental responsibility order.

Is your child termed "Looked After" (please ✓) Yes No

Additional Support Needs (please ✓)

1 Has your child been assessed as having Additional Support Needs? Yes No
 If 'yes', does your child have an Individualised Educational Programme (IEP)? Yes No
 Does your child have a Co-ordinated Support Plan? Yes No

Language (please ✓)

What is your child's main home language?

English Other

If other please specify:

(a) Language

(b) If English is not home language, please indicate how well your child speaks English: (please ✓ one box)

New to English	<input type="checkbox"/>	Fluent	<input type="checkbox"/>
Early acquisition	<input type="checkbox"/>	Limited communication	<input type="checkbox"/>
Developing competence	<input type="checkbox"/>	Not assessed	<input type="checkbox"/>
Competent	<input type="checkbox"/>		

Section 6 – Heritage Information

This information will be shared with the Scottish Government for statistical purposes.

Religion of Pupil (please ✓ box)

Please tick ONE of the following categories which you feel best describes the religion of your child.

Buddhist	<input type="checkbox"/>	Christian	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	None	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	Do not wish to disclose	<input type="checkbox"/>		
Other (please specify)	<input type="checkbox"/>				

Ethnic Background (please ✓ box)

Please tick ONE of the following categories which you feel best describes the ethnic background of your child. For example, a child resident in Scotland of Bangladeshi parents should be entered as Asian Bangladeshi.

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

National Identity (please ✓ box)

Please tick ONE of the following categories which you feel best describes the national identity of your child. For example, a child resident in Scotland of Bangladeshi parents might want to be considered Scottish, regardless of ethnic background,

Scottish	<input type="checkbox"/>	English	<input type="checkbox"/>	Northern Irish	<input type="checkbox"/>
Welsh	<input type="checkbox"/>	British	<input type="checkbox"/>	Do not wish to disclose	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>				

Asylum Status – If appropriate (please ✓ box)

Asylum Seeker	<input type="checkbox"/>	Refugee	<input type="checkbox"/>
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Section 7 – School Excursion Approval

Throughout the school year pupils may be involved in learning experiences which take them out of the school. These excursions will be curricular or educational activities, where pupils will be under the supervision of staff. To allow your child to participate you are asked to give your consent by signing below. Young persons over the age of 16 may from time to time participate in out of school activities with no adult supervision.

Pupils may on occasion have to travel in private cars driven by parents/volunteers. Parents/volunteers will be chosen by the establishment as suitable helpers/escorts. Further information on curricular activities can be found in the School Handbook or by contacting the school.

In the event of an accident your son/daughter may receive emergency/surgical/dental treatment as considered necessary by the medical authorities present. Parents/carers will be informed as appropriate.

I give permission for my child to participate in activities as above whilst in attendance at this school. Yes No
Please tick (✓) the appropriate box

Section 8 - Declaration

Data Protection Act 1998 - The information provided by you and by relevant third parties will be used to verify/assess your application and for school administration.

I consent to the use of the above information for the above stated purposes. I declare that to the best of my knowledge the information given in this registration application is true and correct.

Signature of Parent/Carer: _____

Print Name: _____ Date: _____

Pupil's Name		DOB	
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PHOTOGRAPHY/VIDEO/COPYRIGHT APPROVAL FOR SCHOOL PUPILS

The Data Protection Act has implications for schools as well as other areas of society. In addition there are Child Protection guidelines, which affect school practice. Some schools capture images using a camera, either still or video, within the classroom, on educational outings or at school events. Group and individual photos give a flavour of school life and enhance the publications concerned. Children are also pleased to see their pictures used in this way.

Photographs and videos of pupils may be used in a number of ways.

I give permission for photographs and videos of me/my child taken while at this school to be used as stated below. <i>Please tick (✓) the appropriate box for each category</i>	Yes	No
School's handbook, newsletters, school website *, Council publications, Council website or plasma screens * and Council exhibition material	<input type="checkbox"/>	<input type="checkbox"/>
Kept indefinitely for use by the Council's Museum, Library or Archives as part of their collections	<input type="checkbox"/>	<input type="checkbox"/>
Press coverage of events linked to the school or to the Council	<input type="checkbox"/>	<input type="checkbox"/>

**Children are never named on websites or on plasma screen displays. You should be aware that websites are viewed by a world-wide audience and the Council cannot prevent pictures being copied and used by others.*

If you are unhappy about your child's image being captured for the purposes outlined above, there will be times when he/she is asked to come out of a group or class picture, in order that the image can be taken.

COPYRIGHT APPROVAL

Children's work is often displayed in the classroom and school corridors in order to promote their individual and collective work. In addition, this type of material is often displayed in other Council buildings as part of exhibitions.

I give permission for any of my/my child's creative work to be exhibited by the School or Local Authority as stated above. <i>Please tick (✓) the appropriate box</i>	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

AUTHORISATION

Applicant (if 12 or over) / Parent Guardian (if applicant is under 12). Please delete as appropriate.

Signature _____ Date _____

Print Name _____

Withdrawing permission

Please note that your photography/video/copyright approval can be withdrawn by contacting the school in writing. We will also contact you on a regular basis to remind you of your right to do this.

What we will do with this information

The information provided by you, and any pupil images/creative work produced as a result of your permission, will only be used for the purposes described above. Following use, images/creative work may be retained by the school as a historical representation of the life of the school, e.g. particular curriculum work/events/projects.

Through the terms of the Data Protection Act 1998 and on payment of a fee, you are entitled to know what personal information Perth & Kinross Council hold about you or your child. Applications should be made to the Executive Director of Education & Children's Services, Pullar House, Kinnoull Street, PERTH, PH1 5GD.

Please return this form to your child's school.

If you or someone you know would like a copy of this document in another language or format, (on occasion only a summary of the document will be provided in translation), this can be arranged by contacting
Communications Manager on 01738 476873

إن احتجت أنت أو أي شخص تعرفه نسخة من هذه الوثيقة بلغة أخرى أو تصميم آخر فيمكن الحصول عليها (أو على نسخة معدلة لمُلخص هذه الوثيقة مترجمة بلغة أخرى) بالاتصال ب:
الاسم: Communications Manager
رقم هاتف للاتصال المباشر: 01738 476873

اگر آپ کو یا آپ کے کسی جاننے والے کو اس دستاویز کی نقل دوسری زبان یا فارمیٹ (بعض دفعہ اس دستاویز کے خلاصہ کا ترجمہ فراہم کیا جائے گا) میں درکار ہے تو اس کا بندوبست سروس ڈیولپمنٹ Communications Manager سے فون نمبر 01738 476873 پر رابطہ کر کے کیا جاسکتا ہے۔

如果你或你的朋友希望得到這文件的其他語言版本或形式 (某些時候，這些文件只會是概要式的翻譯)，請聯絡
Communications Manager 01738 476873
來替你安排。

Jeżeli chciałbyś lub ktoś chciałby uzyskać kopię owego dokumentu w innym języku niż język angielski lub w innym formacie (istnieje możliwość uzyskania streszczenia owego dokumentu w innym języku niż język angielski), Proszę kontaktować się z
Communications Manager 01738 476873

P ežete-li si Vy, anebo n kdo, koho znáte, kopii této listiny v jiném jazyce anebo jiném formátu (v n kterých p ípadech bude p eložén pouze stru ný obsah listiny)
Kontaktujte prosím Communications Manager 01738 476873
na vy ízení této požadavky.

Если вам или кому либо кого вы знаете необходима копия этого документа на другом языке или в другом формате, вы можете запросить сокращенную копию документа обратившись
Communications Manager 01738 476873