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| Argyll  Bute vision logo | **ENROLLING YOUR CHILD FOR SCHOOL** | Argyll and Bute Logo approved by L Syed 14 |

Dear Parent/Carer

This form should be completed if you have recently moved/are moving into a school catchment area from outwith Argyll and Bute. Please read the **Sending your Child to School** leaflet prior to completing this form.

Your child’s original birth certificate must be submitted/presented with this form.

The form requests important information, necessary for the safety and wellbeing of your child at school. Argyll and Bute Council have a legal responsibility to ensure that this information is up-to-date. The information that you provide will ensure we continue to offer an education service that meets the needs of all children and young people and that your child’s legal rights in school are recognised. The child’s general legal rights are listed in the Children (Scotland) Act 1995, the Equality Act 2010 and in the European Convention on Human Rights.

Current data protection legislation requires us to publish Privacy Notices to tell you why and how we will process your information. You can view all Privacy Notices on our website at <https://www.argyll-bute.gov.uk/privacy-notices>. This registration form is covered by the Education – General Privacy Notice.

If you require this form or the Privacy Notice in an alternative format, including a hard copy, please contact us at Argyll House, 91 Alexandra Parade, Dunoon, Argyll, PA23 8AJ or email [argyllhousereception@argyll-bute.gov.uk](mailto:argyllhousereception@argyll-bute.gov.uk) or phone 01369 704000.

If you wish to register your child for education for Primary 1 – please complete the online application form found on the council website. This is only available during P1 registration period, usually January – February each year.

**You must inform the school if your child has previously been educated in Scotland to ensure continuity of records.**

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| **For office use only** |  | | |  | | | | |  | | |
| Placing Request(√) | Y |  | N | |  | If yes, what is Placing Request School? | |  | | | |
| Birth Cert seen: (√) | Y |  | N | |  | Admission Date: |  | | | Stage & Class at Entry |  |
| Baptismal Cert seen: (√) | Y |  | N | |  |
| SCN |  | | | | | Roll Number |  | | | INITIALS of Verifier |  |

|  |  |
| --- | --- |
| **Pupil Registration Form** | |
| **School:** | **John Logie Baird Primary** |
|  | |
| **Please note**: The school should be within the catchment area where you live. If you are unsure, school catchment areas can be found on the Argyll and Bute Council website [www.argyll-bute.gov.uk](http://www.argyll-bute.gov.uk) | |
|  | |
| If you want your child to attend a school outwith your catchment area you **must** register at your catchment area school and also complete an online placing request form. | |
|  | |
| **PLEASE COMPLETE IN INK AND IN BLOCK CAPITALS** | |

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| **Section 1 – Pupil’s Personal Details** | | | | | | | | | | | |
| Surname: | |  | | | Known As:  (full name) | | |  | | | |
| Forename (s): | |  | | | Date of Birth: | | |  | | | |
|  | | |
| Full Address: | |  | | | Sex:  (please **√**) | | |  | |  |  |
|  | | | Male | |  |
|  | | |  | |  |
|  | | | Female | |  |
|  | | |  | | | |
| Postcode: | |  | | | Home Telephone No: | | |  | | | |
|  | | | | | | | | | | | |
| **Section 2 – Former Nursery or School. You MUST advise us if your child has previously been educated in a Scottish school.** | | | | | | | | | | | |
| Name and Address of School/Nursery: | | |  | | | Telephone No: | | |  | | |
|  | | |
|  | | | Year stage on leaving previous school (not applicable for nursery): | | |  | | |
|  | | |
|  | | | | | | | | | | | |
|  | My child has never been in a Scottish school before (please tick) | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Section 3 – Details of Siblings** | | | | | | | | | | | |
|  | | | |  | | |  | | | | |
| **Name** | | | | **Date of Birth** | | | **Nursery/School (if applicable)** | | | | |
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| **Section 4 – Parent/Carer Information** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. A pupil’s parent/carer 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. The mobile number and email address for the main carer will generally be used to contact parents by Education Service’s Parent Messaging Service. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 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 the child.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A** | | Title: | | | | | Mr/Mrs/Miss/Dr | | | | Relationship to Child (e.g. mother/father/step-parent) | | | | | |  | | | | | | | |  | | |
|  | | | |  | | | | | | | |
|  | | Name: | | | | |  | | | | Mobile No: | | | | | |  | | | | | | | |  | | |
|  | | Daytime Telephone No: | | | | |  | | | | Home phone  Number: | | | | | |  | | | | | | | |  | | |
|  | | Priority for Contact (e.g. 1st, 2nd, etc) | | | | |  | | | | Email Address: | | | |  | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **B** | | Title: | | | | Mr/Mrs/Miss/Dr | | | | Relationship to Child (e.g. mother/father/step-parent) | | | |  | | | | | | | | | |  | | |
|  | | | |
|  | | Name: | | | |  | | | | Mobile No: | | | |  | | | | | | | | | |  | | |
|  | | Daytime Telephone No: | | | |  | | | | Home phone  Number: | | | | | |  | | | | | | | |  | | |
|  | | Priority for Contact (e.g. 1st, 2nd, etc) | | |  | | | | | | | Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **In section C, please indicate if there is a parent not living with the child** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **C** | | Title: | | Mr/Mrs/Miss/Dr | | | | | | Relationship to Child (e.g. mother/father/step-parent) | | | |  | | | | | | | | | |  | | |
|  | | Name: | |  | | | | | |  | | | |  | | | | | | | | | |  | | |
| Mobile No: | | | |  | | | | | | | | | |  | | |
|  | | Daytime Telephone No: | |  | | | | | | Home phone  Number: | | | |  | | | | | | | | | |  | | |
|  | | Priority for Contact (e.g. 1st, 2nd, etc) | |  | | | | | | Email Address: | | | |  | | | | | | | | | |  | | |
|  | | **Does this person have parental responsibilities and rights? Yes/No (delete as appropriate)** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **In Section D, please provide an Emergency Contact who can collect your child if necessary** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **D** | | Title: | | Mr/Mrs/Miss/Dr | | | | | | Relationship to child  (e.g. Grandparent, friend) | | | |  | | | | | | | | | |  | | |
|  | | Name: | |  | | | | | | Home No: | | | |  | | | | | | | | | |  | | |
| Mobile No: | | | |  | | | | | | | | | |  | | |
|  | | Daytime Telephone No: | |  | | | | | |  | | | |  | | | | | | | | | |  | | |
|  | | Priority for Contact (e.g. 1st, 2nd, etc) | |  | | | | | | Daytime phone no: | | | |  | | | | | | | | | |  | | |
|  | |  | |  | | | | | |  | | | |  | | | | | | | | | |  | | |
| **Section 5 – Support Information** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | Does your child have any allergies, e.g. nut allergy? | | | | | | | | | | | | | | | | | | Yes |  | No | |  | | |
|  | | If yes, please give details. | | | | | | |  | | | | | | | | | | | | | |  | | | |
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|  | |  | | | | | | | | | | | | | | | | | |  |  |  | |  | | |
| 2 | | Does your child have a disability? | | | | | | | | | | | | | | | | | | Yes |  | No | |  | | |
|  | |  | | | | | | | | | | | | | | | | | |  |  |  | |  | | |
| 3 | | Has this been confirmed by an appropriate professional? | | | | | | | | | | | | | | | | | | Yes |  | No | |  | | |
|  | |  | | | | | | | | | | | | | | | | | |  |  |  | |  | | |
| 4 | | If so 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 | |  | | |
|  | |  | | | | | | | | | | | | | | | | | |  |  |  | |  | | |
| 5 | | Are there any other health problems of which we should be aware? | | | | | | | | | | | | | | | | | | Yes |  | No | |  | | |
|  | | If yes, please give details. | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | |  | | | |
| 6 | | Doctor’s Name: | |  | | | | | | Surgery address: | | | |  | | | | | | | | |  | | | |
|  | | Telephone No: | |  | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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. * he or she is the subject of an order, authorisation or warrant in relation to a place of safety, children protection order or permanence order. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is your child a “Looked After Child” as defined in section 17 of the Children (Scotland) Act 1995 (please √)** | | | | | | | | | | | | | | | | | | | | Yes |  | No | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Additional Support Needs (please √)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | |  | |  |  | |  | | |
| 1 | | Does your child have additional support needs? | | | | | | | | | | | | | | | | | Yes | |  | No | |  | | |
|  | |  | | | | | | | | | | | | | | | | |  | |  |  | |  | | |
|  | | If ‘yes’, has a review been held to consider eligibility for a Co-ordinated | | | | | | | | | | | | | | | | | Yes | |  | No | |  | | |
|  | | Support Plan? | | | | | | | | | | | | | | | | |  | |  |  | |  | | |

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| **Language (please √)** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| What is your child’s main home language? | | | | | | | | | | English | | | | | | |  | Other | | | | |  | | |
| If other(s) please specify\*: | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | |
| \* If English is not the home language, please indicate how well your child speaks English: *(*please **√** one box*)* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | |  | | | | | | |  |
| Limited Communication | | | | | |  | | Competent | | | | | | |  |
|  | | | | | |  | |  | | | | | | |  |
| New to English | | | | | |  | | Fluent | | | | | | |  |
|  | | | | | |  | |  | | | | | | |  |
| Early acquisition | | | | | |  | | Not Assessed | | | | | | |  |
|  | | | | | |  | |  | | | | | | |  |
| Developing competence | | | | | |  | |  | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Asylum Status – If appropriate** *(*please **√** box*)* | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | |  | | | | | | |  | |  | | | | | | |  | | |
| (01) Asylum Seeker | | |  | | (02) Refugee | | | | | | |  | |  | | | | | | |  | | |
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| **Armed Forces Information** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Armed Forces information is not required for us to provide your child with Education and therefore you have the choice to not answer this question. However, completing this section may allow the Council to apply for a grant from the MOD to help support schools who have children whose parent/carers are Armed Forces. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent/Carer is currently a serving member or has previously served in the Armed Forces (please complete below as appropriate). | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Regular |  | Reserve | | | | |  | | Veteran | |  | | Do not wish to disclose | | | | | |  | N/A | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 6 - Declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current data protection legislation requires us to publish Privacy Notices to tell you why and how we will process your information. You can view all Privacy Notices on our website at <https://www.argyll-bute.gov.uk/privacy-notices>. This registration form is covered by the Education – General Privacy Notice.  If you require this form or the Privacy Notice in an alternative format, including a hard copy, please contact us at Argyll House, 91 Alexandra Parade, Dunoon, Argyll, PA23 8AJ or email [argyllhousereception@argyll-bute.gov.uk](mailto:argyllhousereception@argyll-bute.gov.uk) or phone 01369 704000.  I declare that to the best of my knowledge the information given in this registration application is true and correct.  I will notify changes to any of the above information to the school immediately in writing/email. | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- |
| Signature of Parent/Carer: |  |  |  |
| Print Name: |  | Date: |  |

**PLEASE REVIEW NEXT PAGE**

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| The information requested in Section 7 is not required for us to provide your child with Education and therefore you have the choice to not provide answers. Argyll and Bute Council is committed to ensure we provide equality of opportunity and eliminate discrimination and your responses to the information below will help us meet our legislative requirements under the Equalities Act 2010. | | | | | | | | | | | | | | | | | | | | |
| **Section 7 – Heritage Information** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Religion of Pupil** *(*please **√** box*)* | | | | | | | | | | | | | | | | | | | | |
| Please tick ONE of the following categories which you feel best describes the religion of your child. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Buddhist | |  | | Christian Roman Catholic | | | | |  | | | Christian Non-Roman Catholic | | | | |  | | |
|  | |  | |  | | | | |  | | |  | | | | |  | | |
| Jewish | |  | | Muslim | | | | |  | | | Hindu | | | | |  | | |
|  | |  | |  | | | | |  | | |  | | | | |  | | |
| Sikh | |  | | Do not wish to disclose | | | | |  | | | None | | | | |  | | |
|  | |  | |  | | | | |  | | |  | | | | |  | | |
| Other (please specify) | |  | |  | |  | | |  | | |  | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **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 |  | African – African/Scottish/British |  | Caribbean or Black – Other |  | |  |  |  |  |  |  | | White Other |  | Asian – Indian/British/Scottish |  | African – Other |  | |  |  |  |  |  |  | | White – Gypsy/Traveller |  | Asian – Pakistan/British/Scottish |  | Other – Arab |  | |  |  |  |  |  |  | | White – Other British |  | Asian – Chinese/British/Scottish |  | Not Disclosed |  | |  |  |  |  |  |  | | White – Polish |  | Mixed or multiple ethnic groups |  | Not Known |  | |  | | |  |  |  | | Caribbean or Black – Caribbean/British/Scottish | | |  |  |  | |  | | |  |  |  | | Asian – Bangladeshi/British/Scottish | | |  |  |  | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | |  | | | | | |  | | |  | | | | |  | | |
| **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, | | | | | | | | | | | | | | | | | | | | |
|  |  | | | |  | |  |  | |  | | |  | |  | | |
| British | |  | | English | | | | |  | | | Welsh | | | |  | |
|  | |  | |  | | | | |  | | |  | | | |  | |
| Northern Irish | |  | | Scottish | | | | |  | | | Not Disclosed | | | |  | |
|  | |  | |  | | | | |  | | |  | | | |  | |
| Not Known | |  | | Other (please specify) | | | | |  | | |  | |  | | | |

**Please return the completed form to your catchment school**