

FOR OFFICE USE ONLY

Birth certificate number

Date of Birth Confirmed

Proof of Address

Guardianship Confirmed

Date Entered into SEEMiS

SEEMiS Reference



ENROLLING YOUR CHILD FOR SCHOOL

Dear Parent/Guardian`

This form should be completed if your child is starting school for the first time, or if you have recently moved/ are moving into a school catchment area. Please read the associated [pupil enrolment guidance](#) prior to completing this form.

The form requests important information, necessary for the safety and wellbeing of your child at school. The Highland Council have a legal responsibility to ensure that this information is up-to-date. We believe that all children are of equal value and are entitled to the highest standards of provision throughout their education. The information that you provide will ensure we continue to offer an education service that meets the needs of all children and young people.

Some of this information must be shared with the Scottish Government for statistical purposes. No children will be named in this information and it will be impossible to find out about any child from the numbers. The numbers will be used to make sure that all children have the education that best suits them.

The information provided will be maintained as strictly confidential in accordance with the Data Protection Act by the relevant school staff that need access to it, and a limited number of staff within the authority who provide appropriate support. Information on all pupils is held on the SEEMiS management information system within schools. Guidance on the [website](#) explains your rights to access this information.

In addition to the pupil enrolment form you are required to complete and return details in relation to your child's health, school meals and transport where applicable. Please ensure you have completed the parental checklist at the end of this document to ensure all relevant details have been submitted.

Proof of address (Utility/Council tax bill) together with your child's original birth certificate MUST be submitted/presented together with this form.

This form can be completed and saved to your computer for your records. A copy can be printed to take to your school for processing. **If filling in by hand please complete in BLOCK CAPITALS**

Data Protection

The information you have provided on this form (and the supporting evidence - where applicable) is collected and used by Highland Council (the "data controller" for the purposes of the Data Protection Act 1998) and can be contacted by writing to the Chief Executive, Highland Council, Glenurquhart Road, Inverness IV3 5NX). The information will be held securely by the Council and will be treated as confidential except where the law requires it to be disclosed.

The Council may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties or share your information with them in order to check its accuracy, prevent or detect crime, protect public funds or where required by law. In order to improve service delivery, we routinely exchange information with NHS Highland. This will only be done if necessary and all agencies will keep this information confidential. Your consent will usually be sought before information is shared in this way.

PUPIL ENROLMENT FORM

Pupil Details

Forename	<input type="text"/>		
Known As (If Different)	<input type="text"/>		
Surname	<input type="text"/>		
Gender M/F	<input type="text"/>	Date of Birth	<input type="text"/>

Name of School you wish your child to enrol to:

Please Note: The School selected should be the school catchment where you reside. If you are unsure, each school catchment map can be found on the Highland Council website at www.highland.gov.uk/directory/30/schools

If you wish for your child to attend a school out with your catchment you must additionally complete a [Placing Request Form](#) If you wish your child to enrol in Nursery please refer to the [Early Years Enrolment Leaflet](#).

Please select your Primary Catchment School

Name and Address of Previous School or Nursery Attended

School/Nursery Name	<input type="text"/>		
Street	<input type="text"/>		
Town	<input type="text"/>		
Postal Area/Shire	<input type="text"/>	Postcode	<input type="text"/>

IMPORTANT: Has your child attended another Scottish School or Nursery at any time? Yes please enter the details of the School or Nursery below:

School/Nursery Name	<input type="text"/>		
Street	<input type="text"/>		
Town	<input type="text"/>		
Postal Area/Shire	<input type="text"/>	Postcode	<input type="text"/>

Pupils Home Address Details

House Name/Number	<input type="text"/>		
Street	<input type="text"/>		
Town	<input type="text"/>	Pupil Home Telephone	<input type="text"/>
Postal Area/Shire	<input type="text"/>	Pupil Mobile Number	<input type="text"/>
Postcode	<input type="text"/>	Pupil E-mail Address	<input type="text"/>

Parent/Guardian Contacts and Other Emergency Contact Details

Contact information for each child requires to be held within the school so that the correct person(s) may be contacted in the event of an emergency or illness, or for the purposes of correspondence including sending letters, issuing school reports and issuing school information or in the event of school closure. The main contact will be the person who will receive all correspondence and will be the first point of contact - this does not necessarily have to be the parent or guardian. It is important to include:

- The parents or guardians of the child. We have a duty to inform both natural parents of a child, please also include details of those not living at the home address.
- At least one additional contact other than the parents/guardians who is available during the day in the event of an emergency (SOS Contact)
- Nominate one person whom the child may return to the home of in the event of adverse weather.
- One additional contact from the previous country of residence is required where relevant.

PRIORITY CONTACT 1 - This person will always be the first point of contact.

Title	<input type="text"/>	Gender M/F	<input type="text"/>	Relationship to Pupil	<input type="text"/>
Forename	<input type="text"/>			Parental Responsibility Y/N?	<input type="text"/>
Surname	<input type="text"/>			Preferred Language	<input type="text"/>

Address Details

House Name/Number	<input type="text"/>				
Street	<input type="text"/>				
Town	<input type="text"/>	Home Telephone	<input type="text"/>		
Postal Area/Shire	<input type="text"/>	Mobile Number	<input type="text"/>		
Postcode	<input type="text"/>	E-mail Address	<input type="text"/>		

Telephone number where contact can most likely be contacted during the day (include extension/location)

Can this person be contacted in an emergency Y/N?

Please select if the contact is a member of the Armed Services

In the event of adverse weather can this contact accommodate the pupil Y/N?

Please indicate which service they belong to

Contact should receive reports or any other correspondence? Y/N?

Service Category

PRIORITY CONTACT 2 - This person will be the second point of contact.

Title Gender M/F Relationship to Pupil

Forename Parental Responsibility Y/N?

Surname Preferred Language

House Name/Number

Street

Town Home Telephone

Postal Area/Shire Mobile Number

Postcode E-mail Address

Telephone number where contact can most likely be contacted during the day (include extension/location)

Can this person be contacted in an emergency Y/N?

In the event of adverse weather can this contact accommodate the pupil Y/N?

Contact should receive reports or any other correspondence? Y/N?

Please select of the contact is a member of the Armed Services

Please indicate which service they belong to:

Service Category

PRIORITY CONTACT 3 - This person will be the third point of contact.

Title Gender M/F Relationship to Pupil

Forename Parental Responsibility Y/N?

Surname Preferred Language

House Name/Number

Street

Town Home Telephone

Postal Area/Shire Mobile Number

Postcode E-mail Address

Telephone number where contact can most likely be contacted during the day (include extension/location)

Can this person be contacted in an emergency Y/N?

In the event of adverse weather can this contact accommodate the pupil Y/N?

Contact should receive reports or any other correspondence? Y/N?

Please select of the contact is a member of the Armed Services

Please indicate which service they belong to:

Service Category

PRIORITY CONTACT 4 - This person will be the fourth point of contact.

Title Gender M/F Relationship to Pupil

Forename Parental Responsibility Y/N?

Surname Preferred Language

House Name/Number

Street

Town Home Telephone

Postal Area/Shire Mobile Number

Postcode E-mail Address

Telephone number where contact can most likely be contacted during the day (include extension/location)

Can this person be contacted in an emergency Y/N?

In the event of adverse weather can this contact accommodate the pupil Y/N?

Contact should receive reports or any other correspondence? Y/N?

Please select if the contact is a member of the Armed Services

Please indicate which service they belong to:

Service Category

Information to meet requirements of the Additional Support Needs Act 1994 and the Disability Discrimination Act 1995

Has your child had additional support needs at any time Y/N?

Declared Disabled

Access to physical adaptation required Y/N?

Assessed Disabled

Access to curriculum adaptation required Y/N?

Access to communications adaptation required Y/N?

Please supply any further relevant information:

Languages Spoken by your Child

Main home language

Other languages spoken at home

Heritage

Ethnic Origin of Pupil - Please Select

- | | | |
|--|---|--|
| <input type="checkbox"/> White - UK | <input type="checkbox"/> Asian - Bangladeshi | <input type="checkbox"/> I would rather not answer this question |
| <input type="checkbox"/> White - Scottish | <input type="checkbox"/> Asian - Chinese | <input type="checkbox"/> Other |
| <input type="checkbox"/> White - Irish | <input type="checkbox"/> Asian - Other | <input type="checkbox"/> Not Known |
| <input type="checkbox"/> White - Polish | <input type="checkbox"/> Other - Arab | |
| <input type="checkbox"/> White - Other | <input type="checkbox"/> Mixed | |
| <input type="checkbox"/> Black African | <input type="checkbox"/> Occupational Traveller | |
| <input type="checkbox"/> Black - Carribean | <input type="checkbox"/> Gypsy Traveller | |
| <input type="checkbox"/> Black - Other | <input type="checkbox"/> Other Traveller | |

Religion - Please Select

- | | |
|---|--|
| <input type="checkbox"/> Bhudist | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Christian Non-Roman Catholic | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Christian Roman Catholic | <input type="checkbox"/> None |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Other |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> I would rather not answer this question |

National Identity - Please Select

- | | |
|---|--|
| <input type="checkbox"/> Scottish | <input type="checkbox"/> British |
| <input type="checkbox"/> English | <input type="checkbox"/> Other |
| <input type="checkbox"/> Northern Irish | <input type="checkbox"/> Not Known |
| <input type="checkbox"/> Welsh | <input type="checkbox"/> I would rather not answer this question |

Siblings

Should Your Child/Children have any brothers or sisters already attending a Highland School or Nursery (and NOT included in this enrolment application) we would be grateful if you could list them below.

Name of Brother (s) or Sisters (s) if any	School or Nursery where Brother(s)/Sister(s) currently attend
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Sibling 1	<input type="text"/>	Sibling 1 School/Nursery	<input type="text"/>
Sibling 2	<input type="text"/>	Sibling 2 School/Nursery	<input type="text"/>
Sibling 3	<input type="text"/>	Sibling 3 School/Nursery	<input type="text"/>
Sibling 4	<input type="text"/>	Sibling 4 School/Nursery	<input type="text"/>
Sibling 5	<input type="text"/>	Sibling 5 School/Nursery	<input type="text"/>

CONSENT

Consent Under Data Protection Act 1998 (pupils under 16) - Select all that apply

- I give my consent for my son/daughter's class work to be published on the school website.
- I give my consent for my child being photographed/videoed during school activities
- I give my consent for my child's photograph to be in school publications including the website without their name

Local Trips/Visits Consent (pupils under 16)

- I give my consent for my child to take part in any trips local to the school

Internet and Email Access Consent (pupils under 16)

- I give my consent for my child to use the Internet and email at school
- I acknowledge my son/daughter must comply with the Highland Council Acceptable Use Policy when using the Internet and Email in school.

Checklist

Prior to submitting this form please confirm the following.

- I have read and fully understand the guidance on [Enrolling Your Child To School](#).
- I enclose a copy of a Utility/Council tax bill as proof of address.
- I enclose a copy of my child's/children's birth certificate (s)
- I have completed an online [School Transport Request](#) (where applicable)
- I know to complete a [Free School Meals and Assistance with School Wear](#) form if eligible.
(The form for the next Academic session will be issued in June of that year)
- I would like to request a place for my child outwith the school catchment where I live and have submitted a [Placing Request](#) application form.
- I have completed a [medical questionnaire](#) for each child (see separate form)

DECLARATION

I declare the information on this form to be correct to the best of my knowledge and confirm consent in accordance with the terms indicated above. I have ticked all relevant items with which I agree. I understand that the Council may check the details that I have provided on this form against records held by the Council for the purposes of administering council tax and housing benefit.

(Please tick box)

Date

Please save this form for your records. You may be asked to update this information at a later date. (Click File in the top left hand corner and select "Save As")

Please print, sign and date this form and bring it with you to your school for enrolment. (Click file in the top left hand corner and select "Print")

Signature

Date