

Inverurie Academy: Admission Form A

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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
<i>If "YES" please ask for help to complete form B</i>	
Question 2 - Does your child have a special dietary requirement?	Y / N
<i>If "YES" please ask for help to complete form D</i>	
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
<i>If "YES" please ask for help to complete form E</i>	
Question 4 - Do you have any requirements to help you access the school buildings?	Y / N
<i>If "YES" please ask for help to complete form F</i>	
Forenames	
Known As	
Legal Surname	
Previous Surname	
Date Of Birth	
<small>(Birth Certificate seen by office?)</small>	Yes / No
Gender	Male / Female
Year/Stage	
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 <small>(If previous School is non-seemis then record details in Authority Tab)</small>	
If previous school not in Scotland, but your child did attend a Scottish School, please state most recent	
Scottish Candidate Number <small>(if known)</small>	
National Entitlement Card No.	
GLOW Username	

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, who 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/guardians, 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 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	<input type="checkbox"/>	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	<input type="checkbox"/>	No	<input type="checkbox"/>
	Should this person also receive a copy of the child's progress report?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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	<input type="checkbox"/>	No	<input type="checkbox"/>
	Should this person also receive a copy of the child's progress report?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Contact 4 This could be a relative or friend who may 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
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List the mobile phone numbers in the order you would like the school to text for absence/attendance. Highest priority first.	High Medium Low
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Doctor/ Medical Practice	Practice Name		Street	
			Locality	
			Town	
	Surgery Tel No		Postcode	

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			

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

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	Arabic	English	Gaelic	Polish	Scots
	Bengali	French	German	Punjabi	Urdu
	Not known/not disclosed				
	Other (please specify)				

Ethnic Origin (Please select one only)	White - Scottish	Mixed or multiple ethnic groups	African-African/British/Scottish
	White - Other British	Asian - Indian/British/Scottish	African - Other
	White - Irish	Asian- Pakistani/British/Scottish	Other - Arab
	White - Gypsy/Traveller	Asian-Bangladeshi/British/Scottish	Other - Other
	White - Polish	Asian-Chinese/British/Scottish	Not Disclosed
	White - Other	Asian-Other	Not Known
		Caribbean or black- Caribbean/British/Scottish	
		Caribbean or black- 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

National Identity (Please select one only)	British	Northern Irish	Other (Please state)
	English	Welsh	Not Disclosed
		Scottish	

Asylum Seeker/Refugee Status (Please tick if appropriate)	Asylum Seeker	Refugee

Does your son / daughter have any of these medical conditions? (Please tick as many as apply)	Asthma	Hay Fever	Nose Bleeds	Autism
	Migraine	Impaired Hearing	Epilepsy	Fainting
	Heart Condition	Impaired Eyesight	Cystic Fibrosis	Haemophiliac
	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?				

ADDITIONAL INFORMATION	What language has your child studied at primary School?				French / German / Other	
	Pupils entering S3, S4, S5 or S6 only				Please state	
	Which subjects has your child been studying, apart from English, Maths and a foreign language?					
	Free School Meals Request	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(If Yes please contact your local Benefits Section)
	Clothing Grant Request	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(If Yes please contact School for Application Form)
	Do you require Transport	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(If Yes please contact School for Application Form)
	Are you aware of the school uniform policy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(If No please see School Policy)
	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.	

For Office Use Only	Admission Date	
	Reg. Group and/or Org/ Group	
	House	
	Guidance Teacher	

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, 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: