

Inverurie Academy : Admission Form A

Jackson Street, AB51 3PX, 01467 621655

inverurie.aca@aberdeenshire.gov.uk

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> If "YES" please ask for help to complete form B	Y / N
Question 2 - Does your child have a special dietary requirement? If "YES" please ask for help to complete form D	Y / N
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? If "YES" please ask for help to complete form E	Y / N
Question 4 - Do you have any requirements to help you access the school buildings? If "YES" please ask for help to complete form F	Y / N
<i>For Office Use Only</i>	Admission Date
	Reg Gp and/or Org Gp House
	Guidance Teacher
Forenames	
Known As	
Legal Surname	
Previous Surname	
Date Of Birth	
Office to Enter <small><i>(Birth Certificate seen by office?)</i></small>	Yes / No
Gender	Male / Female
Year/Stage	

<i>Pupil Address</i>	House Name
	No. / Street
	Locality <small><i>(i.e. Elrick)</i></small>
	Town <small><i>(i.e. Westhill)</i></small>
	Postcode
	Pupil Home Tel No
	Pupil Mobile No
	Pupil Home E-Mail
Previous School Name and Telephone No. <small><i>(If previous School is non-seemis then record details in Authority Tab)</i></small>	
If previous school not in Scotland, but your child did attend a Scottish School, please state most recent	
Scottish Candidate Number <small><i>(if known)</i></small>	
National Entitlement Card No.	

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 'storm 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 must be an address in the village/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.

<p>Contact 1</p> <p><i>This will be the main contact who will receive a copy of all communications. Usually parent or guardian/carer.</i></p>	Title		Address if different from Child's Address above.			
	Forename		House Name			
	Surname		No. / Street			
	Gender		Locality <i>(i.e. Elrick)</i>			
	Daytime Tel No		Town <i>(i.e. Westhill)</i>			
	Preferred Language		Postcode			
	Special Arrangements		Relationship with Pupil			
	Additional Support		Notes:			
	Home Tel No					
	Mobile Tel No					
	Email Address		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?				

<p>Contact 2</p> <p><i>This is usually second parent or guardian/carer. (who will also be sent addressed communications and reports)</i></p>	Title		Address if different from Child's Address above.					
	Forename		House Name					
	Surname		No. / Street					
	Gender		Locality <i>(i.e. Elrick)</i>					
	Daytime Tel No		Town <i>(i.e. Westhill)</i>					
	Preferred Language		Postcode					
	Special Arrangements		Relationship with Pupil					
	Additional Support		Notes:					
	Home Tel No							
	Mobile Tel No							
	Email Address		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 3 <i>Storm address (where appropriate) which usually is an address in the village/ town where the school is based.</i>	Title					
	Forename		House Name			
	Surname		No. / Street			
	Gender		Locality <i>(i.e. Elrick)</i>			
	Daytime Tel No		Town <i>(i.e. Westhill)</i>			
	Preferred Language		Postcode			
	Special Arrangements		Relationship with Pupil			
	Additional Support		Notes:			
	Home Tel No					
	Mobile Tel No					
	Email Address		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 <i>This could be a relative or friend who can also be contacted in an emergency.</i>	Title					
	Forename		House Name			
	Surname		No. / Street			
	Gender		Locality <i>(i.e. Elrick)</i>			
	Daytime Tel No		Town <i>(i.e. Westhill)</i>			
	Preferred Language		Postcode			
	Special Arrangements		Relationship with Pupil			
	Additional Support		Notes:			
	Home Tel No					
	Mobile Tel No					
	Email Address		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					
	Forename		House Name			
	Surname		No. / Street			
	Gender		Locality <i>(i.e. Elrick)</i>			
	Daytime Tel No		Town <i>(i.e. Westhill)</i>			
	Preferred Language		Postcode			
	Special Arrangements		Relationship with Pupil			
	Additional Support		Notes:			
	Home Tel No					
	Mobile Tel No					
	Email Address		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 – Contact 1 st :	Name: Tel No:
	Medium – Contact 2 nd :	Name: Tel No:
	Low – Contact 3 rd :	Name: Tel No:
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 – Contact 1 st :	Name: Tel No or Email address:
	Medium – Contact 2 nd :	Name: Tel No or Email address:
	Low – Contact 3 rd :	Name: Tel No or Email address:

Looked After <i>(child is under supervision by an Authority)</i>	Looked After Location	Away from Home	At Home	Previously Looked After
	Looked After by which Authority		Home Authority	

Level of English <i>(If 'English is a first language' no other box needs to be ticked)</i> <i>(All newly arrived bilingual learners' level of English should be recorded as 'Not Assessed')</i>	English as a "first-language"	Competent		
	New to English	Fluent		
	Early Acquisition	Limited Communication		
	Developing Competence	Not Assessed		
Languages Spoken <i>(Please select one only)</i> SL = Sign Language	Arabic	English	German	Scots
	Bengali	French	Polish	Urdu
	Cantonese	Gaelic (Scottish)	Punjabi	Not known/not disclosed
Does your child hear or use a language other than English?	Yes	No	<i>If Yes please complete EAL Referral Form.</i> <i>If pupil has moved from another School in Aberdeenshire and they are already referred to EAL then please complete Transfer Form.</i>	

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

Religion <i>(Please select one only)</i>	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 <i>(Please tick if appropriate)</i>	<input type="checkbox"/> Asylum Seeker	<input type="checkbox"/> Refugee
	<input type="checkbox"/>	<input type="checkbox"/>

National Identity <i>(Please select one only)</i>	<input type="checkbox"/> British	<input type="checkbox"/> Northern Irish	<input type="checkbox"/> Other (Please state)
	<input type="checkbox"/> English	<input type="checkbox"/> Welsh	<input type="checkbox"/> Not Disclosed
	<input type="checkbox"/> Scottish	<input type="checkbox"/> Not Known	

Medical Practice	Medical Practice Name	Street
		Locality
		Town
	Medical Practice Tel No	Postcode

Does your son/daughter have any medical conditions? <i>(Please tick as many as apply)</i>	<input type="checkbox"/> Asthma	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Nose Bleeds	<input type="checkbox"/> Autism
	<input type="checkbox"/> Migraine	<input type="checkbox"/> Impaired Hearing	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Fainting
	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Impaired Eyesight	<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Haemophiliac
	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Allergy	<input type="checkbox"/> Hyperactivity	<input type="checkbox"/> Serious Allergy
	<input type="checkbox"/> Eczema	<input type="checkbox"/> Mobility Problems	<input type="checkbox"/> Speech	<input type="checkbox"/> Prescribed Diet
	Other (please specify)			
	What medication is required?			
What medical information do we need to know?				

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

Children and Young People of Armed Forces Families in Scottish schools				
Children and young people of Armed Forces families often experience numerous changes in their lives which means that they may need additional support – albeit for a short time – to help them cope with the effects of these changes. Please tick as appropriate from the choices below if you wish to the school to be aware if this applies to your family.				
<input type="checkbox"/> Regular	<input type="checkbox"/> Reserve	<input type="checkbox"/> Veteran	<input type="checkbox"/> Undisclosed	<input type="checkbox"/>

ADDITIONAL INFORMATION	What language has your child studied at primary school?		French / German / Other		
	Pupils entering S3, S4, S5, or S6 only				
	Which subjects has your child been studying, apart from English, Maths and a foreign language?				
	Is your child currently receiving Free School Meals	Yes		No	If yes, please inform the School Office so they can make the necessary arrangements for this to continue
	Free School Meals Request	Yes		No	Please telephone or email Benefits team: 03456 081200 asat@aberdeenshire.gov.uk
	Clothing Grant Request	Yes		No	Please telephone or email Benefits team: 03456 081200 asat@aberdeenshire.gov.uk
	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 for the administration and management of Education and Children's Services within Aberdeenshire Council.

The information will be used in order to enrol your child at school, and for the provision of additional support, school transport and school meals as appropriate. As an Education and Children's service we will share extracts from the information you provide to ensure that your child can benefit from services provided in school by Aberdeenshire's Library and Information system, and with the Community Learning service to support youth services.

Extracts of the information will also be shared with the Scottish Government for statistical purposes; Skills Development Scotland to support progression from school to a positive post school destination; The Electoral Registration Officer to offer the opportunity to register on the Electoral Roll when young people approach their sixteenth birthday (eighteenth for UK elections); with NHS Grampian to facilitate engagement with public health services e.g. school doctor, school dentist, immunisation programmes and Active Schools, a partnership between Sport Scotland and local authorities, to provide children with opportunities to get active and make a positive contribution to their health . 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.

The information provided will be maintained as strictly in accordance with the Data Protection Act.

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: