PERTH & KINROSS COUNCIL

Pupil Registration Form

| ę I | School |
|--------|--------|
| 8 | |

HOW WE USE YOUR PERSONAL INFORMATION

The information provided by you will be used by Perth & Kinross Council for the administration and management of school enrolment. The information will not be disclosed to third parties.

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 verify its accuracy, prevent or detect crime, protect public funds or where required by law.

- For further information, please look at our website www.pkc.gov.uk/dataprotection; email dataprotection@pkc.gov.uk/dataprotection; email dataprotection@pkc.gov.uk/dataprotection; email dataprotection@pkc.gov.uk/dataprotection; email dataprotection@pkc.gov.uk/dataprotection@pkc.gov.uk/dataprotection; email dataprotection@pkc.gov.uk/dataprotection@pkc.gov.uk/dataprotection; email dataprotection@pkc.gov.uk/dataprotection@pkc.gov.uk/dataprotection; emailto:dataprotection; email
- 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 – I | Pup | il's Pe | erso | nal Details | | | | | | | | |
|--|-------|---------|------|----------------------------------|-----------|-------------------|-----------|---------------------------|-------|--------|-------|-------|
| Forename(s): | | | | | | Knowr (full na | - | | | | | |
| Surname: | | | | | | Date o | of Birth: | | | | | |
| Full Address: | | | | | | Gende (please | | Male Female | | | | |
| Postcode: | | | | | | Home No: | Telephon | e | | | | |
| Section 2 – I | For | mer/C | urre | nt Nursery | or S | chool | and Na | med Pers | son | (if ap | plica | able) |
| Name and Addre School/Nursery: | ess c | of | | | | | Telephon | e No: | | | | |
| Name of Current Named Person: | • | | | | | | Stage on | leaving _ | | | | |
| Section 3 – I | Det | ails of | Sib | lings | | | | | | | | |
| Name | | | | | Date of | Birth | Stage | Nursery/Sc | hool | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| For office use only | | | | | | | | | | | | |
| Placing | Υ | N | | If yes, what is catchment School | n ? | | | | | | | |
| Request(√) Birth Cert seen: (√) | Υ | N | | Council Tax & Re | ecent Uti | | er | Y | | N | | |
| Baptismal Cert seen: (Catholic Schools only) | Υ | N | | Admission Date: | | (*) | | Stage & Registration G | Group | | ı | |
| SCN | 1 | | | SEEMIS ID | | | | INITIALS of | | | | |

Section 4 - Parent/Carer Information

Notes

- 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. 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 school 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.

| Na | me: | Relationship to Child(e.g. mother/father/step-parent) |
|---------------------|--|--|
| Da No | ytime Telephone : | Mobile No: |
| (if a | ace of Work applicable) ority for Contact g. 1 st , 2 nd , etc) | Email Address: |
| | | |
| Na | me: | Relationship to Child (e.g. mother/father/step- parent) |
| Da No | ytime Telephone : | Mobile No: |
| | ace of Work applicable) | Email Address: |
| Pri | ority for Contact g. 1 st , 2 nd , etc) | |
| In s | ection C, please indicate | there is a parent not living with this child |
| | me: | Relationship to child (e.g. mother/father) |
| Ad | dress | Telephone No: |
| | | Mobile No: |
| | | |
| Ро | stcode | Place of Work (if applicable) |
| Pri | stcode ority for Contact g. 1 st , 2 nd , etc) | |
| Pri (e.g | ority for Contact g. 1 st , 2 nd , etc) this person to receive co | es of reports/letters about this child? Yes/No (delete as appropr |
| Pri (e.g | ority for Contact g. 1 st , 2 nd , etc) | es of reports/letters about this child? Yes/No (delete as appropr |
| Pri (e.g | ority for Contact g. 1 st , 2 nd , etc) this person to receive co | es of reports/letters about this child? Yes/No (delete as appropr |
| Pri (e.g Is t | ority for Contact g. 1 st , 2 nd , etc) this person to receive contact ection D, please provide | es of reports/letters about this child? Yes/No (delete as approprometries) Relationship to child |
| Pri (e.g | ority for Contact g. 1 st , 2 nd , etc) this person to receive contact ection D, please providence: | es of reports/letters about this child? Yes/No (delete as approprofile Emergency Contact Relationship to child (e.g. Grandparent, friend) |
| Pri (e.ç Is 1 | ority for Contact g. 1 st , 2 nd , etc) this person to receive contact ection D, please providence: | es of reports/letters about this child? Yes/No (delete as approprofice) Relationship to child (e.g. Grandparent, friend) Telephone No: |

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.

| M | edical Information (please √) | | | | | |
|----|---|-------------------------------|-----|------|--|--|
| 1 | Surgery Name: | Surgery Address: | | | | |
| | Telephone No: | | | | | |
| 2 | Does your child have any allergies, e.g. nut allergies, please give details. | gy? | Yes | No | | |
| • | | | | | | |
| 3 | Does your child have a disability? | | Yes | No | | |
| 4 | Has this been confirmed by an appropriate profe | ssional? | Yes | No | | |
| 5 | If this has been confirmed are adaptations requir | red: | 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 If yes, please give details. | should be aware? | Yes | No | | |
| • | | | | | | |
| L | ooked After Children | | | | | |
| Α | 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. | | | | | |
| ls | your child termed "Looked After" (please √) | | Yes | No | | |
| A | dditional Support Needs (please √) | | | | | |
| | Has your child been assessed as having Addition | nal Support Needs? | Yes | No | | |
| | If 'yes', please provide details here (continue on | separate sheet if necessary): | | | | |
| | | | | | | |
| | If 'yes', does your child have an Individualised Ed | ducational Programme (IEP)? | Yes | No | | |
| | Does your child have a Co-ordinated Support Pla | an? | Yes | No 🗌 | | |

| Language (please √) | | | | | | | |
|--|--|------------------------|--|-------|--|--|--|
| What is your child's main If other please specify: | home language? | | English | Other | | | |
| (a) Language | | | | | | | |
| (b) If English is not home | (b) If English is not home language, please indicate how well your child speaks English: (please ✓ one box) | | | | | | |
| New to English | | Fluent | | | | | |
| Early acquisition | | Limited communi | cation | | | | |
| Developing comp | etence | Not assessed | | | | | |
| Competent | | | | | | | |
| Section 6 – Heritag | | | | | | | |
| This information will be share Religion of Pupil (please | | nent for statistical p | urposes. | | | | |
| | | | | | | | |
| | | ou feel best descr | ibes the religion of your child | d | | | |
| Buddhist | Christian | | Hindu | | | | |
| Jewish | Muslim | | None | | | | |
| Sikh | Do not wish to d | isclose | | | | | |
| Other (please specify) | | | | | | | |
| Ethnic Background (pl | lease √ box) | | | | | | |
| | | | ribes the ethnic background uld be entered as Asian Ban | | | | |
| White - Scottish | Mixed or Multiple Groups | Ethnic | Caribbean or Black- Caribbean/British/Scottish | | | | |
| White – Other British | Asian – Indian/Britis | sh/Scottish | Caribbean or Black - Othe | r | | | |
| White - Irish | Asian – Pakistani/British/ | Scottish | African – African/British/ Scottish | | | | |
| White – | Asian – | /O ## 1 | African - Other | | | | |
| Gypsy/Traveller _ | Bangladeshi/Britisl | n/Scottish | | | | | |
| White – Polish | Asian – Chinese/British/S | Scottish | Other - Arab | | | | |
| White - Other | Asian - Oth | er | Other - Other | | | | |
| Not Disclosed | | | | | | | |
| National Identity (pleas | se √ box) | | | | | | |
| child. For example, a c | 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 | English | | Northern Irish | | | | |
| Welsh | British | | Do not wish to disclose | | | | |
| Other (please specify) | | | | | | | |
| Asylum Status – If app | oropriate (please √ box) | | | | | | |
| Asylum Seeker | Refugee | | | | | | |

| 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 | 0 , 0 | | | | | |
|--|--------------------------|--|--|--|--|--|
| <u>I give permission</u> for my child to participate in activities a attendance at this school. Please tick (J) the appropriate box | s above whilst in Yes No | | | | | |
| Section 8 - Declaration | | | | | | |
| I consent to the use of the above information for the above stated knowledge the information given in this registration application is to | ' ' | | | | | |
| Signature of Parent/Carer: | | | | | | |
| Print Name: | Date: | | | | | |

| Pupil's Name | DOB | Class | | | | |
|---|-------------|-------|--|--|--|--|
| | | | | | | |
| 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 | er of ways. | | | | | |

| I give permission for photographs and videos of me/my child taken at this school to be used as stated below. Please tick (✓) the appropriate box for each category | Yes | No |
|---|-----|----|
| School handbooks, School/Council newsletters, Council publications, Council exhibitions, School/Council websites*, School/Council social media sites* (eg Facebook, Twitter etc), plasma screens* and Council exhibition material | | |
| Kept indefinitely for use by the Council's Museum, Library or Archives as part of their collections | | |
| Press coverage of events linked to the school or to the Council | | |

*Children are never fully identified on websites, social media or on plasma screen displays. You should be aware that websites and social media 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 | Yes | No |
|---|-----|----|
| Authority as stated above. Please tick ($$) the appropriate box | | |

| 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, eg 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 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 لملخص هذه الوثيقة مترجمة بلغة أخرى) بالاتصال ب: الاسم: Communications Manager رقم هاتف للاتصال المباشر: 476873 01738

> اگرآپ کویا آپ کے کسی جاننے والے کواس دستاویز کی نقل دوسری زبان یا فارمیٹ (بعض دفعہ اس دستاویز کے خلاصہ کا ترجمہ فراہم کیا جائے گا) میں درکارہے

تواسکابندوبست سروس ڈیویلپمنٹ Communications Manager سےفون نمبر 01738 476873 پردابطہ کرکے کیاجا سکتا 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), Prosze kontaktować się z Communications Manager 01738 476873

P ejete-li si Vy, anebo n kdo, koho znáte, kopii této listiny v jiném jazyce anebo jiném formátu (v n kterých p ípadech bude p eložen 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