

# Barthol Chapel School : Admission Form A

Address: St Katherines, Inverurie, Aberdeenshire, AB51 8TD

Tel: 01651 267440

Email: bartholchapel.sch@aberdeenshire.gov.uk



## PLEASE COMPLETE IN BLOCK CAPITALS

Does your child have a significant disability? <b>Yes / No</b>	
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.	
<b>Question 1</b> - 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> <b>If "YES" please ask for help to complete form B</b>	Y / N
<b>Question 2</b> - Does your child have a special dietary requirement? <b>If "YES" please ask for help to complete form D</b>	Y / N
<b>Question 3</b> - Do you require information that is sent home from school to be in a language other than English or in a particular format? <b>If "YES" please ask for help to complete form E</b>	Y / N
<b>Question 4</b> - Do you have any requirements to help you access the school buildings? <b>If "YES" please ask for help to complete form F</b>	Y / N
<i>For Office Use Only</i>	<b>Admission Date</b>
	<b>Reg Gp and/or Org Gp</b> <span style="float: right;"><b>House</b></span>
<b>Forenames</b>	
<b>Known As</b>	
<b>Legal Surname</b>	
<b>Previous Surname</b>	
<b>Date Of Birth</b>	
<b>Office to Enter</b>	(Birth Certificate seen by office?) Yes / No
<b>Gender</b> Male / Female	
<b>Year/Stage</b>	
<i>Pupil Address</i>	<b>House Name</b>
	<b>No. / Street</b>
	<b>Locality</b>
	<b>Town</b>
	<b>Postcode</b>
	<b>Pupil Home Tel No</b>
	<b>Pupil Mobile No</b>
<b>Pupil Home E-Mail</b>	
<b>Previous School Name and Telephone No.</b> <i>(If previous School is non-seemis then record details in Authority Tab)</i>	
<b>If previous school not in Scottish School, but your child did attend a Scottish School, please state most recent</b>	
<b>Scottish Candidate Number</b> <i>(if known)</i>	

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.

<b>Contact 1</b>  This will be the main contact who will receive a copy of all communications. Usually parent or guardian/carer.	Title		Address <b>if different</b> 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
What name should we use when addressing communications to this person?			What name(s) should we use for Guardian Salutation?			
<b>Contact 2</b>  This is usually second parent or guardian/carer. (who will also be sent addressed communications and reports)	Title		Address <b>if different</b> 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	
<b>Contact 3</b>  Storm address (where appropriate) which usually is an address in the village/ 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		No
Should this person also receive a copy of the child's progress report?			Yes		No	

<b>Contact 4</b> This could be a relative or friend who can also be contacted in an emergency.	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		No	
	Should this person also receive a copy of the child's progress report?			Yes		No	

<b>Contact 5</b>	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		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.	<b>High – Contact 1<sup>st</sup> :</b>	<b>Name:</b>			
		<b>Tel No:</b>			
	<b>Medium – Contact 2<sup>nd</sup> :</b>	<b>Name:</b>			
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.	<b>High – Contact 1<sup>st</sup>:</b>	<b>Name:</b>			
		<b>Tel No or Email address:</b>			
	<b>Medium – Contact 2<sup>nd</sup>:</b>	<b>Name:</b>			
	<b>Tel No or Email address:</b>				
	<b>Low – Contact 3<sup>rd</sup>:</b>	<b>Name:</b>			
		<b>Tel No or Email address:</b>			

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

<b>Level of English</b> (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

<b>Languages Spoken</b> (Please select one only) SL = Sign Language	Arabic	French	Polish	Urdu
	Bengali	Gaelic (Scottish)	Punjabi	Not known/not disclosed
	English	German	Scots	

<b>Ethnic Origin</b> (Please select one only)	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

<b>Religion</b> (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

<b>Asylum Seeker/Refugee Status</b> (Please tick if appropriate)	Asylum Seeker <input type="checkbox"/>	Refugee <input type="checkbox"/>
---------------------------------------------------------------------	----------------------------------------	----------------------------------

<b>National Identity</b> (Please select one only)	British	Northern Irish	Other (Please state)
	English	Welsh	Not Disclosed
	Scottish	Not Known	

<b>Medical Practice</b>	Medical Practice Name	Street
		Locality
		Town
	Medical Practice Tel No	Postcode

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

<b>Siblings</b> Brothers and sisters who attend this school	<b>Name</b>	<b>Date of Birth</b>	<b>Name</b>	<b>Date of Birth</b>
	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	
<b>ADDITIONAL INFORMATION</b>	Free School Meals Request	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If Yes please contact local Benefits Section)
	Clothing Grant Request	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If Yes please contact local Benefits Section)
	Do you require Transport	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If Yes please contact School for Application Form)
	Distance from home to school	To check this (purely a rough guide) go to <a href="http://www.aberdeenshire.gov.uk">www.aberdeenshire.gov.uk</a> / 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) and with NHS Grampian to facilitate engagement with public health services e.g. school doctor, school dentist, immunisation programmes. 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: .....