**Culloden Academy - enrolment form**

**Keppoch Road, Culloden, Inverness IV2 7JZ**





|  |  |  |
| --- | --- | --- |
| The information on this form is processed electronically for administrative purposes and is subject to the terms of the Data Protection Act 1998. The items marked \* are sent to the Scottish Executive annually and used for policy, research and analysis purposes. Any information supplied will be used only for the purpose for which it was provided. The data will be maintained in accordance with the Act and will not be passed onto any other organisation without prior approval unless there is a legal requirement. The Highland Council is the Data Controller and can be contacted by writing to the Director of Corporate Services, Council Offices, Glenurquhart Road, Inverness IV3 5NX |  | Register Class  (Office use only) |
|  |

### PLEASE COMPLETE IN BLOCK CAPITALS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Forenames** | | *Please enter in capital letters the name by which the pupil is usually known.* | | | | | | | | | | | | | | | | |
| **Surname** | |  | | | | | | | | | | | | | | | | |
| **Date of Birth** | | *Please give figures; e.g. 14 06 94* | | | | | | | | | | **Sex (M/F)** | | | | |  | |
| **Names of brothers and sisters already at Culloden Academy**  **(if any)** | |  | | | | | | | | | | | | | | | | |
| **Pupil’s home address** | |  | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | |
|  | |
| **Postcode** | |  | | | | | | | | | | | | | | | | |
| **Home Tel No** | |  | | | | | | | | | | | | | | | | |
| *e.g. Father*  *e.g. Mother* | **Parents / Carers living at pupil’s home address** | | | | | | | | | | | | | | ***(see \* overleaf)*** | | | |
| **Relationship to pupil** | |  | | | | | |  | | | | | | | | | | |
| **Title Mr/Mrs/Ms etc** | |  | | | | | |  | | | | | | | | | | |
| **Forenames** | |  | | | | | |  | | | | | | | | | | |
| **Surname** | |  | | | | | |  | | | | | | | | | | |
| **Can be contacted in an**  **emergency during the day** | |  | Yes |  | No | | *(please tick)* |  | | Yes |  | | | No | | *(please tick)* | | |
| **If yes, give whereabouts**  ***(e.g. at home or name of workplace)*** | |  | | | | | |  | | | | | | | | | | |
| **Daytime Tel No** | |  | | | | | |  | | | | | | | | | | |
| **Letters will be addressed to the parents / guardians named above using the pupil’s address. If this is not appropriate, please write the alternative here.** | | | | | |  | | | | | | | | | | | | |
| **Other emergency contacts** ***(excluding parents / guardians****)* | | **Give names, daytime**  **telephone numbers &**  **relationship to pupil**  ***(e.g. neighbour, aunt, grandparent or friend)*** | | | |  | | | | | | | | | | | | |
|
|
|  | |
| **Current Primary School** | |  | | | | | | | | | | | | | | | | |
| **Medical Details** | | | | | | | | | | | | | | | | | |
| **Doctor’s name** | |  | | | | | | | **Tel. No** | | | |  | | | | |
| **Address** | |  | | | | | | | | | | | | | | | |
| If desired, parents may convey relevant medical information here or under separate cover to the school.  The information is processed electronically but in coded form to enable staff to respond to pupils’ needs. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Additional parental contacts** | | | | | | | | | | |
| **For the purposes of the school records, a pupil’s parent is defined as his/her natural parent and any other person who is his/her guardian, who has custody of, or who is likely to maintain, him/her.** | | | | | | | | | | |
| **Please add below anyone who comes into this category but who is not included overleaf.** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Relationship to pupil**  ***(e.g. Mother, Father or Grandparent)*** |  | | | | |  | | | | |
| **Title** |  | | | | |  | | | | |
| **Forenames** |  | | | | |  | | | | |
| **Surname** |  | | | | |  | | | | |
| **Can be contacted in an emergency during the day** |  | Yes |  | No | *(please tick)* |  | Yes |  | No | *(please tick)* |
| **If yes, give whereabouts**  ***(e.g. at home or name of workplace)*** |  | | | | |  | | | | |
| **Daytime Tel. No** |  | | | | |  | | | | |
| **Address** |  | | | | |  | | | | |
|  |
|  |
| **Postcode** |  | | | | |  | | | | |
| **Home Tel. No** |  | | | | |  | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*Information to meet requirements of Disability Discrimination Act 1995** | | | | | | | | |
| Declared Disabled *Yes* | |  | *No* |  | Assessed Disabled *Yes* |  | *No* |  |
| Access to Physical  Environment –  Adaptation required *Yes* | |  | *No* |  | Access to Curriculum – Adaptation required *Yes* |  | *No* |  |
| Access to Communication – Adaptation required *Yes* | |  | *No* |  |
| Disability Text |  | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Additional Information about pupil** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Ethnic Origin** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please tick the **one** category which best describes your child. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | |  | | | | | | |  | | | |  | | |  | |  | | | |
| Bangladeshi | | | | | |  |  | | | | | | Black - other (please specify) | | | | | | | | | | | | | | |
| Black - African | | | | | |  |  | | | | | |  | | | | | | | | | | | | |  | |
| Black - Caribbean | | | | | |  |  | | | | | |  | | | | | | | | | | | | |  | |
| Chinese | | | | | |  |  | | | | | | Other ethnic group (please specify) | | | | | | | | | | | | | | |
| Indian | | | | | |  |  | | | | | |  | | | | | | | | | | | | |  | |
| Pakistani | | | | | |  |  | | | | | |  | | | | | | | | | | | | |  | |
| White UK | | | | | |  |  | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Main Home Language** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please tick the **one** category which best describes your child’s main home language | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| English | |  | |  | | | | | Gaelic | | | | |  | |  | Other (please specify) | | | | | |  | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Additional Language** (please let us know of any other language your child speaks fluently) | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Level of English** | | | | Fluent speaker | | | | | | |  | Learner | | | | | |  | |  | Does not speak any English | | | | | | |
| **Religious Affiliation** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please tick the **one** category which best describes your child’s religion | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | |  | | | | | | |  | | | |  | | |  | |  | | | |
| Buddhist | | |  | | Christian | | | | | | | | | | | | | | | | | | | | | | |
| Hindu | | |  | |  | | | | | If you wish, please specify denomination, e.g. Church of Scotland, Baptist, Roman Catholic, etc. | | | | | | | | | | | | | | |  | | |
| Jewish | | |  | |  | | | | |  | | | | | | | | | | | | | | |  | | |
| Muslim | | |  | |  | | | | | Other Religion | | | | | | | | | | | | | | | | | |
| Sikh | | |  | |  | | | | | Please specify | | | | | | | | | | | | | | |  | | |
| No Religion | | |  | |  | | | | |  | | | | | | | | | | | | | | |  | | |
|  |  | | | | | | |  | | | | | | |  | | | |  | | |  | |  | | | |

|  |  |
| --- | --- |
| I declare the information on this form to be correct to the best of my knowledge | |
|  |  |
| **Signed .......................................................... (Parent / Carer)** | **Date..............................................** |

|  |  |  |  |
| --- | --- | --- | --- |
| For office use only | Roll No | Admission Date | Candidate No |
|  |  |  |