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# Form 1: Child/Young Person and Family Core Information

| Child/young person's Name | |
|---|---|
| Date of Birth | |
| Estimated Date of Delivery | |
| CHI Number | |
| Unique Pupil/SCN | |
| Date Information Updated | |

**For school enrolment please also complete Form 1A**

## 1. Personal Details

**First Name(s)** .........

**Surname** .........

**Other Name(s)** .........

**Known as** .........

**Gender** Male ☐ Female ☐

**Ethnicity** .........

**Nationality** .........

**Language Spoken at home** .........

**Place of Birth** .........

**Religion** .........

| Current Address | Postcode | Telephone/Email | Whose Address is this |
|---|---|---|---|
| | | | ☐ Parental home<br>☐ Foster placement<br>☐ Residential school<br>☐ Residential care<br>☐ With relatives<br>☐ Other (please specify) ______ |

**Emergency Contact Person**

| Name | Relationship | Contact Telephone Numbers | Email Address |
|---|---|---|---|
| | | | |
| | | | |

**Is any information regarding the child/young person to be withheld:** **Yes** ☐ **No** ☐

**IF YES, PLEASE COMPLETE FORM 8**

**Previous Address (most recent first)**

| From | To | Address | Postcode | Telephone | Whose Address is this |
|---|---|---|---|---|---|
| | | | | | ☐ Parental home<br>☐ Foster placement<br>☐ Residential school<br>☐ Residential care<br>☐ With relatives<br>☐ Other (please specify) ____ |
| | | | | | ☐ Parental home<br>☐ Foster placement<br>☐ Residential school<br>☐ Residential care<br>☐ With relatives<br>☐ Other (please specify) ____ |
| | | | | | ☐ Parental home<br>☐ Foster placement<br>☐ Residential school<br>☐ Residential care<br>☐ With relatives<br>☐ Other (please specify) ____ |

**Parents' Details**

| Names | Date of Birth (or CHI) | Address/Telephone Number/Email | Parental Rights? | If the child/young person does not live with this parent how often do they see them? |
|---|---|---|---|---|
| | | | Yes ☐<br>No ☐ | |
| | | | Yes ☐<br>No ☐ | |
| | | | Yes ☐<br>No ☐ | |

**If birth parents do not hold parental rights please specify who does*:*** ____

## 2. Members of the Child/Young Person's Household

| Forename | Surname | DOB (or CHI) | Gender Male/ Female | Place in Family/ Relationship | Employment Status/ School |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

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## 3. Other Relevant People

| Name | Date of Birth | Relationship | Address and/or Contact Telephone Numbers |
|---|---|---|---|
| | | | |
| | | | |

## 4. Named Person

| Name of Professional | Contact Details | Agency | Start Date | End Date |
|---|---|---|---|---|
| | | | | |

## 5. Health Details

| Name of Professional | Address | Telephone | Email Address | Dates |
|---|---|---|---|---|
| Named Health Visitor: | | | | |
| GP Name: | | | | |
| Other: | | | | |
| Other: | | | | |
| Other: | | | | |

**Does the child/young person have a disability:** **Yes** ☐ **No** ☐

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## 6. Accessibility and Communication Requirements

**Are there accessibility and/or communication requirements for the child/young person:**

☐ Yes ☐ No

**If yes, the child/young person requires the following:**

**Are there accessibility and/or communication requirements for the parent(s) or carer(s):**

☐ Yes ☐ No

**If yes, the parent or carer requires the following:**

## 7. Education Details

| Current Establishment | Stage/Year | Start Date | %Session Attendance | Staged Intervention Level |
|---|---|---|---|---|
| | | | | |

**Additional Support Needs** Yes ☐ No ☐

**Additional support concerns (please tick all applicable):**

- ☐ None
- ☐ Autistic Spectrum disorder
- ☐ Dyslexia
- ☐ Multiple disabilities
- ☐ Learning disability
- ☐ Other specific learning difficulty (eg numeric)
- ☐ Other moderate learning difficulty
- ☐ Language/speech or communication disorder
- ☐ Communication support needs
- ☐ Hearing impairment
- ☐ Visual impairment
- ☐ Deaf blind
- ☐ Physical or motor impairment
- ☐ Physical health problem
- ☐ Social, emotional and behavioural difficulty
- ☐ Mental health problem
- ☐ Interrupted learning
- ☐ Young carer
- ☐ Looked after
- ☐ English as an additional language
- ☐ More able pupil
- ☐ Other (please specify) ______

**Child/Young Person's Action Plan in place** Yes ☐ No ☐

**Co-ordinated Support Plan in place** Yes ☐ No ☐

**Previous Educational Establishments (if known)**

| Establishment | Address | Start Date | End Date | Summary of Involvement or Intervention |
|---|---|---|---|---|
| | | | | |
| | | | | |

## 8. Other Professionals and Agencies/Services Involved with Child/Young Person and Family

| Professional and Agency/Service | Who are they involved with | Contact Details |
|---|---|---|
| | | |
| | | |

## 9. Child Protection

**Concerns**
**Currently** ☐ Yes ☐No
**Previously** ☐ Yes ☐No

**Registration**
**Currently** ☐ Yes ☐No
**Previously** ☐ Yes ☐No

**If yes, please provide details:**

## 10. Asylum Status

**Child/Young Person**

| Not Applicable ☐ | Asylum Seeker ☐ | Refugee ☐ |
|---|---|---|

**Main Carer**

| Not Applicable ☐ | Asylum Seeker ☐ | Refugee ☐ |
|---|---|---|

## 11. Legal Orders

**Are there any Legal Orders in place** ☐ Yes ☐No

**If yes, please provide details:**

## 12. Name and Contact Details of person(s) completing form:

| Name | Designation | Contact Details | Date |
|---|---|---|---|
| | | | |

**13. Signature:** ............................................................ **Date:** ...........................

**Scottish Candidate No** | |

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# Pupil Enrolment Form 1A
## (Primary and Secondary)

**Please also complete Form 1**

| Pupil Forename(s) | | Pupil Surname | |
|---|---|---|---|

| Name of School | |
|---|---|

**Details of siblings at this school?**
(If your child has siblings at this school please fill in the following table for each child)

| | Surname | Forename(s) | DOB | Sex | Year Group |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

### Declaration

I declare the information on this form and Child's Plan Form 1A to be correct to the best of my knowledge and that the address I have given for the child/young person is the address at which they are ordinarily resident. The child/young person lives at this address with me and I am the parent/carer/legal guardian. The address I have given is not the address of a friend, relative, business or any other type of address. I agree that the information I have given on this form may be checked with any of the following: previous nurseries and schools, my child's GP, Council Tax Records, the Electoral Roll, Housing Services.

**Signed:** ________________________________________ **Date**: ________________________

Parent/Carer/Legal Guardian

### Information Sharing

A key part of identifying a child or young person's needs is collecting and sharing relevant information with services and agencies who have knowledge of that child or young person, including Scottish Qualification Authority and the Scottish Government.

Across Forth Valley, the following services/agencies may be involved in this process: Education, Social Work and other Council Services; Police Scotland; the National Health Service; Voluntary Organisations; Scottish Children's Report Administration (SCRA); Other organisations providing a service to children, young people and families.

### Parent/Carer/Guardian Consent

I consent to relevant information being shared between services/agencies in order to identify appropriate supports to meet the child/young person's needs. I have had the reasons for information sharing with other services/agencies explained to me and I understand those reasons.

**Signed:** ________________________________________ **Date**: ________________________

Parent/Carer/Legal Guardian

**Please Tick All Medical Conditions Under Column A & Number In Order Of Medical Severity, Ie 1, 2 Etc In Column B Where 1 Is The Most Severe Medical Condition**

| | A | B | | A | B | | A | B | | A | B |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Abscess | ☐ | ☐ | Bowel - Problem | ☐ | ☐ | Heart - Congenital Heart Disease | ☐ | ☐ | Phenylketonuria | ☐ | ☐ |
| ADHD | ☐ | ☐ | Bowel - Stoma | ☐ | ☐ | Heart - Other | ☐ | ☐ | Physical Disability | ☐ | ☐ |
| Albanism | ☐ | ☐ | Brain Disorder | ☐ | ☐ | Heart - Pacemaker | ☐ | ☐ | Physical/Motor Skills Impairment | ☐ | ☐ |
| Allergy - Animal Hair | ☐ | ☐ | Brain Tumour | ☐ | ☐ | Heart - Periventricular Luokomalacia | ☐ | ☐ | Post Traumatic Stress Disorder | ☐ | ☐ |
| Allergy - Bananas | ☐ | ☐ | Bronchiectasis - Lung condition | ☐ | ☐ | Heart Condition | ☐ | ☐ | Prader-Willi Syndrome | ☐ | ☐ |
| Allergy - Citrus | ☐ | ☐ | Bronchmalasia | ☐ | ☐ | Heart condition - coortation of the aorta | ☐ | ☐ | Pulmonary Stenosis | ☐ | ☐ |
| Allergy - Dust Mites | ☐ | ☐ | Cancer | ☐ | ☐ | Heart Defect | ☐ | ☐ | Pulmonary Valve Stenosis | ☐ | ☐ |
| Allergy - 'E' Colourings | ☐ | ☐ | Cerebral Palsy | ☐ | ☐ | Heart Operations | ☐ | ☐ | Pulmonary Vein Abnormality | ☐ | ☐ |
| Allergy - Eggs | ☐ | ☐ | Coeliac Disease | ☐ | ☐ | Heart Problem - Aortic Stenosis | ☐ | ☐ | Raynauds Syndrome | ☐ | ☐ |
| Allergy - Face Paint | ☐ | ☐ | Colitis | ☐ | ☐ | Heart Problem – Hole in the Heart | ☐ | ☐ | Reflex Anoxic Seizures | ☐ | ☐ |
| Allergy - Latex | ☐ | ☐ | Conduct Disorder | ☐ | ☐ | Heart Problem - Murmur | ☐ | ☐ | Respiratory Problems/Breathing Difficulties | ☐ | ☐ |
| Allergy - Nut | ☐ | ☐ | Congenital Adrenal Hyperplasia | ☐ | ☐ | Heart Problem - SVT | ☐ | ☐ | Rheumatic Fever (Sydenhams Chorea) | ☐ | ☐ |
| Allergy - Other | ☐ | ☐ | Crohns Disease | ☐ | ☐ | Henoch-Scholein Purpura | ☐ | ☐ | Seizures | ☐ | ☐ |
| Allergy - Paracetamol | ☐ | ☐ | Croup | ☐ | ☐ | Hernia | ☐ | ☐ | Sever's Disease | ☐ | ☐ |
| Allergy - Penicillin | ☐ | ☐ | Cystic Fibrosis | ☐ | ☐ | Hypermobility | ☐ | ☐ | Skeletal Disorder | ☐ | ☐ |
| Allergy - Plasters | ☐ | ☐ | Dental | ☐ | ☐ | Impaired Mobility | ☐ | ☐ | Skeletal Dysplasia | ☐ | ☐ |
| Allergy - Shellfish | ☐ | ☐ | Depression | ☐ | ☐ | Kidney Problem | ☐ | ☐ | Skin Complaint - Eczema | ☐ | ☐ |
| Allergy - Strawberries | ☐ | ☐ | Development Disorder | ☐ | ☐ | Lactose Intolerance | ☐ | ☐ | Skin Complaint - Other | ☐ | ☐ |
| Allergy - Wasp/Bee Sting | ☐ | ☐ | Diabetes | ☐ | ☐ | Leukaemia | ☐ | ☐ | Skin Complaint - Psoriasis | ☐ | ☐ |
| Allergy - Wheat | ☐ | ☐ | Dispraxia | ☐ | ☐ | Liver Problem | ☐ | ☐ | Speech Impairment | ☐ | ☐ |
| Alopecia | ☐ | ☐ | Down's Syndrome | ☐ | ☐ | Lymphoblastic Leukaemia | ☐ | ☐ | Spina Bifida | ☐ | ☐ |
| Anaphylactic Shock | ☐ | ☐ | Dyslexia | ☐ | ☐ | Metabolic Disorder | ☐ | ☐ | Sprengels Shoulder | ☐ | ☐ |
| Anaphylaxis | ☐ | ☐ | Dyspraxia | ☐ | ☐ | Migraine | ☐ | ☐ | Stomach Migraine | ☐ | ☐ |
| Anxiety | ☐ | ☐ | Eating Disorder | ☐ | ☐ | Multiple Sclerosis (MS) | ☐ | ☐ | Swallowing difficulty | ☐ | ☐ |
| Arthritis | ☐ | ☐ | Epilepsy | ☐ | ☐ | Muscular Dystrophy | ☐ | ☐ | Syndrome | ☐ | ☐ |
| Asperger's Syndrome | ☐ | ☐ | Fainting | ☐ | ☐ | Muscular-Other | ☐ | ☐ | Thyroid Disorder | ☐ | ☐ |
| Asthma | ☐ | ☐ | Febrile Convulsions | ☐ | ☐ | Nose bleeds | ☐ | ☐ | Thyroid Hyperactivity | ☐ | ☐ |
| Autism | ☐ | ☐ | Friedrichs Ataxia | ☐ | ☐ | Ocular Albinism | ☐ | ☐ | Tourettes Syndrome | ☐ | ☐ |
| Autistic Spectrum Disorder | ☐ | ☐ | Funnelled Windpipe | ☐ | ☐ | ODD | ☐ | ☐ | Travel Sickness | ☐ | ☐ |
| Axonal Neuropathy | ☐ | ☐ | Gastric Problem | ☐ | ☐ | Oesophageal Atresia | ☐ | ☐ | Ulcerative Colitis | ☐ | ☐ |
| Bladder Problem | ☐ | ☐ | Genetic Disease/Disorder | ☐ | ☐ | Osgood Schlatters Syndrome | ☐ | ☐ | Urticaira - Skin condition | ☐ | ☐ |
| Blood Disorder - Haemophilia | ☐ | ☐ | Glue Ear | ☐ | ☐ | Other | ☐ | ☐ | Vegetarian / Vegan | ☐ | ☐ |
| Blood Disorder - HIV | ☐ | ☐ | Gluten Intolerance | ☐ | ☐ | Pain-General | ☐ | ☐ | Visual Impairment | ☐ | ☐ |
| Blood Disorder - Other | ☐ | ☐ | Hay Fever | ☐ | ☐ | Panic Attacks | ☐ | ☐ | Vomitting Phobia | ☐ | ☐ |
| Bowel - Irritable Bowel Syndrome | ☐ | ☐ | Hearing Impairment | ☐ | ☐ | Perthes Disease | ☐ | ☐ | Walking Problem | ☐ | ☐ |

**Please sign & provide additional details relative to medical condition & current GP**

Parent/Carer Signature: ..............................................................................

GP Surgery (Name & Address) ..................................................................................................

**PARENTAL CONSENT FORM** (Please complete all sections and sign where indicated)

Internet/E-Mail Acceptable Use Policy

As a pupil at this school, I agree to keep to the rules on internet/e-mail access as laid down in the Council Policy (Secondary Pupils only). Yes ☐ No ☐

As the parent/legal guardian of the pupil named below, I agree to ensure that they will use the Internet access provided by Council appropriately. Yes ☐ No ☐

Educational Excursion

I give permission for the child/young person to take part in any excursion and activities organised by this school or Education Services. Typical examples of activities (while not exhaustive) would include local visitor attractions, outdoor activities, swimming, community events, sporting activities, etc. Yes ☐ No ☐

Photography/Video Permission (Please only tick one box for each of the following)

I agree to allow the child/young person to be photographed or video-recorded in connection with all classroom and other school activities. These photographs/videos may be used for school publicity: in newsletters, displays and on the internet, including school social media sites. (The copyright in such photographs belongs to the photographer involved and not the school or the Council) Yes ☐ No ☐

Young Scot National Entitlement Card (Primary 7 and secondary school stage only)

I agree to allow the child/young person to be photographed for the purposes of issuing the Young Scot Card, for use as library and leisure card plus proof of age card. Yes ☐ No ☐

Closed Circuit Television (CCTV)

I understand schools and buses (used for school transport) use CCTV to aid with the prevention of crime and improvement of public safety. In the event of there having been an incident at the school or on a bus in which the child/young person was travelling, any CCTV footage taken of the incident (which might include film of the child/young person) may be viewed by senior management of the school in order to identify those involved and take appropriate action.

Behavioural Agreement/Dress Code

In order to maintain standards within our school we ask that parents/carers encourage their child/young person to comply with a minimum standard of behaviour both when in school and when travelling to and from school. We would also ask parents/carers to support the school dress code.

**Signed**: ________________________________ **Date**: ________________________________
Pupil (where appropriate)

**Signed**: ________________________________ **Date**: ________________________________
Parent/Guardian

**CONFIDENTIAL - FOR OFFICE USE ONLY**

Proof of residence in the school catchment area at enrolment was:

(Please take photocopy eg driving licence, council tax book, rent book, Child Benefit address)

Checked and signed by:______________________________________________________
(Member of Staff)

| **Admission Date** | | **Roll No** | |
|---|---|---|---|
| **Register Class** | | **Placing Request** | |
| **Free Meals** | | **Free Transport** | |
| **Scottish Candidate No** | | **Unique Pupil No** | |

**Pupil Curriculum** (For secondary schools only)

| **First Year** | | **Class** | | **Set** | |
|---|---|---|---|---|---|
| **Second Year** | | **Class** | | **Set** | |

| **Year** | **Class** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |
|---|---|---|---|---|---|---|---|---|---|---|
| **S3** | | | | | | | | | | |
| **S4** | | | | | | | | | | |
| **S5** | | | | | | | | | | |
| **S6** | | | | | | | | | | |