



SCHOOL ENROLMENT FORM 2025-26

COMHAIRLE NAN EILEAN SIAR



Please complete in line with the accompanying guidance notes: *Completing the School Enrolment Form*

	School or Centre Name	
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1	Gaelic Medium Education		
	<p>Comhairle nan Eilean Siar operates a Gaelic First enrolment system where your child will be automatically enrolled in Gaelic Medium Education unless it is specifically requested to do otherwise by checking the box below. The Headteacher will be able to provide advice and information about the benefits of Gaelic Medium Education and bilingualism.</p> <p><input type="checkbox"/> Request to enrol in English Medium Education</p>		

2	Enrolment Status	<input type="checkbox"/> Within Catchment	<input type="checkbox"/> Subject to Placing Request
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3	Pupil Forename		Middle Name(s)			
	Surname		Known As			
	Address		Date of Birth			Gender (M/F)
			Place in Family	of		
		Name and class of older sibling(s)				
	Post Code					

4	Parents/carers living at pupil's home address						
		Main Contact			Secondary Contact		
	Relationship to Pupil						
	Title						
	Forename						
	Surname						
	Home Tel No.						
	Daytime/Work Tel No.						
	Mobile Tel No.						
	E-mail Address						
	Has Parental Rights & Responsibilities*	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Emergency Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Priority	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Priority

5	Parents/carers NOT living at pupil's home address						
	Relationship to Pupil						
	Forename						
	Surname						
	Address						
	Contact Tel or e-Mail						
	Has Parental Rights & Responsibilities*	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Emergency Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Priority	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Priority

* Please refer to guidance notes for questions four and five for further information about Parental Responsibilities and Rights.

6	Additional Emergency Contacts – Person to contact if other emergency contacts are unavailable				
		Emergency Contact One		Emergency Contact Two	
	Relationship to Pupil				
	Forename				
	Surname				
	Contact Tel				
	Emergency Contact	Priority		Priority	

7	Medical Information						
	Surgery Name			Address			
	Please indicate any medical condition or administration of medication that may affect school work						
	Eyesight <input type="checkbox"/>	Speech <input type="checkbox"/>	Hearing <input type="checkbox"/>	Asthma <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Hearing <input type="checkbox"/>	Other
	Alert Conditions (allergy, diabetes etc.)						

8	Additional Information about Religion and Languages		
	Religious Affiliation		
	Exemption from Religious Observation		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Exemption from Religious and Moral Education (Curriculum)		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Main Home Language		
Other Language(s)			

9	Name and address of previous school or nursery attended			
	School/Nursery Name		Class	
	Address		Date of Entry	
	Headteacher		Date of Leaving	
	Telephone No.		SCN No.(if known)	
	Withdrawal Reason			
	IMPORTANT: If the previous school or nursery is not in Scotland, has the child ever attended a Scottish school?			
	School/Nursery Name		Class	
	Address		Date of Entry	
	Headteacher		Date of Leaving	
	Telephone No.		SCN No.(if known)	
	Withdrawal Reason			

Nationality/Ethnicity – The Scottish Government collects pupil data electronically, which helps them to analyse better what is happening in education and to target policies to try to ensure that no groups in Scottish society are disadvantaged and prevented from realising their full potential. Pupil names and addresses are collected by their school but they are not transferred to the Scottish Government.

10	National Identity
	Please tick one only 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 their ethnic background.
	<input type="checkbox"/> Scottish <input type="checkbox"/> English <input type="checkbox"/> Northern Irish <input type="checkbox"/> Welsh <input type="checkbox"/> British
	<input type="checkbox"/> Asylum Seeker One who has claimed asylum and is awaiting a decision
	<input type="checkbox"/> Refugee One who has been granted refugee status within last 5 years
	<input type="checkbox"/> Other If none of the above is suitable then tick this box
	<input type="checkbox"/> Not disclosed Tick this box if you are not prepared to provide this information

11	Ethnic Background
	Please tick one only of the following categories which you feel best describes the ethnic background of your child. For example, a child born in Scotland of Bangladeshi parents should be entered as Asian Bangladeshi
	<input type="checkbox"/> White - Scottish <input type="checkbox"/> White - Other British <input type="checkbox"/> White - Irish <input type="checkbox"/> White - Polish <input type="checkbox"/> White - Other <input type="checkbox"/> White - Gypsy/Traveller If your child is white, then tick the box in this group that best describes his/her background
	<input type="checkbox"/> African - African/British/Scottish <input type="checkbox"/> African - Other If your child is black, then tick the box in this group that best describes his/her background
	<input type="checkbox"/> Asian - Indian/British/Scottish <input type="checkbox"/> Asian - Pakistani/British/Scottish <input type="checkbox"/> Asian - Bangladeshi/British/Scottish <input type="checkbox"/> Asian - Chinese/British/Scottish <input type="checkbox"/> Asian - Other If your child is Asian in origin, then tick the box in this group that best describes his/her background
	<input type="checkbox"/> Caribbean or Black - Caribbean/British/Scottish <input type="checkbox"/> Caribbean or Black - Other If your child is of mixed race then tick this box
	<input type="checkbox"/> Mixed or Multiple Ethnic Group <input type="checkbox"/> Other - Arab <input type="checkbox"/> Other - Other <input type="checkbox"/> Not Known <input type="checkbox"/> Not disclosed
	<input type="checkbox"/> Other If none of the above is suitable then tick this box
	<input type="checkbox"/> Not disclosed Tick this box if you are not prepared to provide this information

12**Declarations****Please read the declaration statements below and tick the box to confirm that you have done so**

I declare that, to the best of my knowledge, the information provided by me upon this form is correct and accurate at the time of signing.

I confirm that I understand my obligation to notify the school office immediately of any changes to the information recorded on this form

Data Protection Privacy Notice

Comhairle nan Eilean Siar (Council Offices, Sandwich Road, Stornoway, Isle of Lewis HS1 2BW) will use the personal data on this form to the extent that it is necessary in order to provide education and associated services in compliance with its legal obligations and in carrying out its public functions in the public interest.

The Comhairle will hold the data securely on SEEMiS, the national schools management information system. The paper form will be kept securely with the Pupil Progress Record (PPR). The data will be shared only with partner agencies which require the information to assist with the provision of the services, or where the Comhairle has a legal obligation to share it or where it is in the public interest to do so.

Your data will be kept for the duration of the provision of the service and for any further period for which the Comhairle is required by law to keep it, or considers appropriate in accordance with its file retention policy. You have the right to request access to the data which the Comhairle holds; to request rectification, erasure or restriction of it; and to object to the Comhairle's processing of it. You also have the right to lodge a complaint with the Information Commissioner's Office if you feel that the Comhairle has not handled your data properly.

More information on your rights, and how the Comhairle uses personal data, is available at <https://www.cne-siar.gov.uk/your-council/data-protection/>. Please contact the Comhairle's Data Protection Officer (dataprotection@cne-siar.gov.uk) if you have any queries about the Comhairle's use of your personal data.

I am confirming by signature that I have read and understood the declarations above.

Print Name		Date	
Signature			

I am interested in finding out more about the school's Parent Council or Parent Committee

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Birth Certificate or Home Office Identity Documents checked?			
Date of Admission		Class on Admission	
SCN		Year on Admission	
Leaving Date		House	
Documents Issued:			
School Handbook	<input type="checkbox"/> Yes <input type="checkbox"/> No	ICT Responsible Use Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
Photography Consent	<input type="checkbox"/> Yes <input type="checkbox"/> No	How We Use Information Factsheet	<input type="checkbox"/> Yes <input type="checkbox"/> No
School Transport Application <i>(If Applicable)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Free School Meal Application <i>(If Applicable)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clothing Grant Application <i>(If Applicable)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No