

Paisley Grammar

Annual Data Check

NAME: DOB : Class:

Dear Parent/Carer

It is important that the school holds accurate information about your child. The name and address details you provide will be used to maintain the accuracy of your child's personal details. This information may be checked with other information held by the school, Children's Services and/or other Council departments for verification purposes and may be used to make an appropriate contact in an emergency.

You are also asked to provide information on any disabilities that your child may have or any relevant medical information. This information will only be used to safeguard your child, for example, to make reasonable adjustments for your child, if applicable.

Please check that this information is correct.

Missing information is indicated by a line. Please supply answers in these places. If there is a second parent and details have been missed out then please enter them in the space provided.

Please note the term 'parent' also includes:

- Non-resident parents who are liable to maintain, or who have parental responsibilities in respect of a child;
• Carers;
• Others with parental responsibilities. For example, foster carers, relatives and friends who are caring for children and young people under supervision arrangements; and
• Close relatives, such as siblings or grandparents caring for children who are not looked after or are under home supervision arrangements.

This information will also be passed to Skills Development Scotland who support young people to make the transition between school and continuing education and employment and will be used by them to to help to support and track your child's progress in continuing education and employment. SDS will not use the information for any other purpose. (Please note only S4, S5 and S6 are required to sign below).

No further use will be made of this information unless it is in accordance with the Data Protection Act 1998.

Pupil's signature Date

Known Gender:..... Does pupil have a disability? yes / no (delete as appropriate)
As

Address

Doctor Practice

Dr. Tel. No.

Parents/Guardians/

Parent's/Guardian's signature Date

Paisley Grammar

Parents/Guardians

Name:..... Address:..... Relationship:

.....

..... Tel.(day)

..... Tel.(home)

..... Mobile

..... Email

Name: Address:..... Relationship:

.....

..... Tel.(day)

..... Tel.(home)

..... Mobile

..... Email

Emergency contacts (other than guardians)

Name:..... Address:..... Relationship:

.....

..... Tel.(day)

..... Tel.(home)

..... Mobile

..... Email

Name:..... Address:..... Relationship:.....

.....

..... Tel.(day)

..... Tel.(home)

..... Mobile

..... Email

Pupils Name & Class _____

We would like to check the information we hold about language, religion, ethnic origin and national identity.

Please underline the correct information:

1) FIRST LANGUAGE USED IN THE HOME

Arabic	Bengali	Cantonese	English	French	Gaelic (Scottish)
German	Polish	Punjabi	Scots	Urdu	

Other language (Please specify):

Parent/Guardian does not wish to disclose this information:

2)/

Parent's/Guardian's signature _____ Date _____

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2) OTHER LANGUAGES USED IN THE HOME

Arabic Bengali Cantonese English French Gaelic (Scottish)
German Polish Punjabi Scots Urdu

Other language (Please specify):

Parent/Guardian does not wish to disclose this information:

3) RELIGION OF PUPIL

Buddhist Christian Hindu Jewish Muslim None
Other Sikh

Parent/Guardian does not wish to disclose this information:

4) ETHNIC ORIGIN OF PUPIL

White - Scottish African - African / British / Scottish Caribbean or Black - Caribbean / British / Scottish
White - Other British African - Other Caribbean or Black - Other
White - Irish Asian - Bangladeshi / British / Scottish Mixed or multiple ethnic groups
White - Gypsy / Traveller Asian - Chinese / British / Scottish Other - Arab
White - Polish Asian - Indian / British / Scottish Other
White - Other Asian - Pakistani / British / Scottish Asian - Other

Parent/Guardian does not wish to disclose this information:

5) NATIONAL IDENTITY OF PUPIL

British English Northern Irish Other Scottish Welsh

Parent/Guardian does not wish to disclose this information:

6) ASYLUM STATUS OF PUPIL (if appropriate)

Asylum Seeker Refugee

7) ARMED FORCES

Parent/Carer/Guardian is currently a serving member or has previously served in the Armed Forces.

Regular Reserve Veteran

Parent/Guardian does not wish to disclose this information:

Parent's/Guardian's signature (if required):

Parent's/Guardian's signature _____ Date _____