

FIRRHILL HIGH SCHOOL

**Admission to S1/2: Registration of Interest**

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| **Your Child’s Details** | | | |
| Forename: |  | Date of birth: |  |
| Surname: |  | Gender: | **Male Female** |
| Home Address:  Postcode: |  | | |
| Current or Previous School Attended: |  | | |
| Current Year Group: |  | Year Group Applying For: |  |
| Contact name at the current school:  (Year Head/Pupil Support Leader) |  | | |
| Reason for application:  (Please explain the reasons for your request, if necessary. Give details of any siblings already attending the requested school. If you consider your child to have additional support needs, please give details). |  | | |
| Requested Start Date: |  | | |
| Date: |  | | |

Please do not use this form for children starting **S1** before term begins in August – a separate form is used for this purpose. Please see link - [Start secondary school – The City of Edinburgh Council](https://www.edinburgh.gov.uk/school-places/start-secondary-school/1)

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| Details of main parent(s)/carer(s) who live with child at above address | | | | | | | | | | | | | | |
| Title: | | |  | | Relationship: |  | Title: | | |  | | Relationship: |  |
| Name: |  | | | | | | Name: |  | | | | | | |
| Daytime Tel: | | | |  | | | Daytime Tel: | | | |  | | | |
| E-mail: | |  | | | | | E-mail: | |  | | | | | |

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| Privacy statement |
| We, the City of Edinburgh Council, use the information you provide to process your application for a school place.  Where allowed by law, we may pass your information to organisations such as   * the Scottish Government * SEEMIS * Department for Work and Pensions * HM Revenue and Customs   We may check information you have provided, or information about you that someone else has provided, with information we hold.  We may get information about you from third parties, or give them information to   * make sure the information is accurate * prevent or detect crime * protect public funds.   These third parties include   * government departments * local authorities * private-sector companies, such as banks and organisations that lend you money.   We use your information to research and plan how we operate our schools. The information may be shared externally for statistical analysis and this will be in an anonymised form.  We will not give information about you to anyone else, or use information about you for other purposes, unless the law requires us to.  We may use your information to identify whether you are eligible for educational benefits, such as free school meals or clothing grants.  Your information will be held for a period of two years after the start of the school year to which the application relates.  We are the data controllers for the purposes of the General Data Protection Regulation.  Visit [www.edinburgh.gov.uk/privacy](http://www.edinburgh.gov.uk/privacy) to read our privacy policy for details. |

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| 5. Declaration | | | | |
| Please read the following carefully and tick the box to confirm you understand the information: | | | | |
| By making this request I accept that:   * The information given in this form, and any additional information provided, is true; * Any place granted on the basis of false information will be withdrawn, even after a child has started school; * If the requested school is a non-catchment school and my request is successful, there is no guarantee that a future request for a younger sibling will be successful; * If the requested school is a non-catchment school and my request is successful, I will be responsible for all transport costs. | | | | |
| **I confirm that I have read and understood this information.** | | | | |
| **Signature of Parent/Carer:**  (leave blank if filling in online) |  | | **Date:** |  |
| **HTT logo** | | You can get this document on tape, in Braille, large print and various computer formats if you ask us.  Please contact Interpretation and Translation Service (ITS) on 0131 242 8181 or ITS@edinburgh.gov.uk and quote reference number **21-7169**.  ITS can also give information on community language translations. You can get more copies of this document by calling your local school. | | |

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| **Date received:** |  |
| **School Catchment Area:** | Yes/No |
| **Place Available:** | Yes/No |
| **Sibling(s) in attendance:** | Yes/No |
| **Action:** | Enrolment Refusal Waiting List |
| **Date decision issued:** |  |

**Office Use**