**The English as an Additional Language Privacy Notice can be found at** http://publications.aberdeenshire.gov.uk/dataset/education-privacy-notices

**Referral Form**

To be filled in during the enrolment meeting with a parent/guardian and interpreter

**Enrolment should NOT take place until the child is actually resident in Scotland**

Name of School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HT/School contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pupil referred by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of entry to this school \_\_\_\_\_\_\_\_\_\_\_\_

Date of entry to UK education \_\_\_\_\_\_\_\_\_

Last/Family Name (pupil) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name (pupil) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Known as\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s birth certificate seen?** Yes No

Date of Birth d\_\_\_\_\_ m \_\_\_\_\_ y \_\_\_\_\_ Gender \_\_\_

Class \_\_\_\_ Class/Guidance Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All languages used in the home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main language of education in previous school(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous school report received? Yes No

Additional Support Needs other than EAL? Yes No

Noted Medical condition? Yes No

Previous Schooling (please give details of all previous schools)

|  |  |  |  |
| --- | --- | --- | --- |
| Name & address of school/ nursery | Dates  From To | | Country |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Date of arrival in UK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s/Guardian’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s/Guardian’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s maiden name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names, Gender, Age of Siblings \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you give parental consent for the English as an Additional Language Service to provide advice and support to your child and their school if it is needed?

Yes No

Interpreter provided by EAL Service present at enrolment meeting?

Yes No

Interpreter Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name Parent/ Guardian)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please scan & send to** [**eal.service@aberdeenshire.gov.uk**](mailto:eal.service@aberdeenshire.gov.uk) **rather than sending a hard copy**