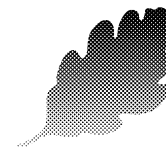


Midlothian Council
Education, Communities and Economy
Pupil Registration Form
ST MARY'S RC PRIMARY SCHOOL



Please ensure ALL areas are completed and you have signed the form at the end to confirm its contents

Please Complete in Block Capitals

Section 1 – Pupil's Personal Details

| | | | |
|----------|--|----------|--|
| Forename | | Known as | |
|----------|--|----------|--|

| | | | |
|---------|--|---------------|--|
| Surname | | Date of Birth | |
|---------|--|---------------|--|

| | | | |
|---------------|--|------------|--|
| Gender M/F | | Year/Stage | |
|---------------|--|------------|--|

| | |
|-----------------------|--|
| Address House name | |
| Number and Street | |
| Locality | |
| Town | |
| Post code | |

| | |
|-----------------------|--|
| Home Telephone Number | |
| Mobile Number | |
| Email Address | |

Section 2 – Previous School or Early Learning & Childcare Setting

| | |
|------|--|
| Name | |
|------|--|

Section 3 – Siblings in School

| Name | | Class | |
|------|--|-------|--|
| | | | |
| | | | |

Section 4 – Parent/Carer Information

1) Parent/Carer (*Main Contact*)

| | | | |
|-------------------------------------------------|------------------------------|-----------------------------|--------------------------|
| Title | | Forename | |
| Surname | | Gender M/F | |
| Daytime Phone No. | | Home Phone No. | |
| Mobile Phone No. | | Relationship to child | |
| Address | | | |
| | | | |
| | | | |
| Post Code | | | |
| Email Address | | | |
| Emergency contact | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Armed Forces (please tick if applicable) | | | |
| Regular | <input type="checkbox"/> | Reserve | <input type="checkbox"/> |
| Veteran | <input type="checkbox"/> | Undisclosed | <input type="checkbox"/> |

2) Parent/Carer

| | | | |
|-------------------------------------------------|------------------------------|-----------------------------|--------------------------|
| Title | | Forename | |
| Surname | | Gender M/F | |
| Daytime Phone No. | | Home Phone No. | |
| Mobile Phone No. | | Relationship to child | |
| Address | | | |
| | | | |
| | | | |
| Post Code | | | |
| Email Address | | | |
| Emergency contact | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Armed Forces (please tick if applicable) | | | |
| Regular | <input type="checkbox"/> | Reserve | <input type="checkbox"/> |
| Veteran | <input type="checkbox"/> | Undisclosed | <input type="checkbox"/> |

| |
|--------------------------------------------------------------------|
| Emergency Contact's (please complete if differs from above) |
|--------------------------------------------------------------------|

3) Emergency Contact – 1st Contact

| | | | |
|-------------------------------------|--|----------------------------------|--|
| Title | | Forename | |
| Surname | | Gender M/F | |
| Daytime Phone Number | | Home Phone Number | |
| Mobile Phone Number | | Relationship to child | |
| Address | | | |
| | | | |
| | | | |
| Post Code | | | |
| Email Address | | | |

4) Emergency Contact – 2nd Contact

| | | | |
|-------------------------------------|--|----------------------------------|--|
| Title | | Forename | |
| Surname | | Gender M/F | |
| Daytime Phone Number | | Home Phone Number | |
| Mobile Phone Number | | Relationship to child | |
| Address | | | |
| | | | |
| | | | |
| Post Code | | | |
| Email Address | | | |

Section 5 – Child’s Medical Conditions**Medical Condition**

| |
|--|
| |
|--|

Medication and action

| |
|--|
| |
|--|

**Doctor’s
Name**

| |
|--|
| |
|--|

**Doctor’s
Telephone
Number**

| |
|--|
| |
|--|

**Surgery
Address**

| |
|--|
| |
|--|

Section 6 – Disability

Equality

This is a new question for the Scottish Government ScotXed data collection. If you wish to declare your child disabled as per the guidelines in the Disability Discrimination act please tick yes in the declared disabled box.

A person is disabled if he/she has a physical or mental impairment which has a substantial and long-term (i.e. lasts more than a year) adverse effect on his/her ability to carry out normal day-to-day activities.

Declaring a child as disabled does not obligate the Local Authority to carry out assessments or provide services.

Declared Disabled **Yes** **No**

If your child/ young person is declared disabled please also indicate whether he/she has been assessed as disabled by a qualified professional. A qualified professional for these purposes could be an appropriate health professional e.g. Therapist, Doctor, Child and Adolescent Mental Health Services (CAMHS), educational psychologist, or similar. In certain cases e.g. where a pupil uses a wheel chair, the school can acknowledge that the pupil has an assessed disability on the judgement of the head teacher.

Assessed Disabled **Yes** **No**

Section 7 – Heritage Information

| Ethnic Origin Please ✓ one category | | | |
|---------------------------------------------------|--------------------------|-------------------|--------------------------|
| White British | <input type="checkbox"/> | Asian Indian | <input type="checkbox"/> |
| White Other | <input type="checkbox"/> | Asian Pakistani | <input type="checkbox"/> |
| Black African | <input type="checkbox"/> | Asian Bangladeshi | <input type="checkbox"/> |
| Black Caribbean | <input type="checkbox"/> | Asian Chinese | <input type="checkbox"/> |
| Black Other | <input type="checkbox"/> | Asian Other | <input type="checkbox"/> |
| Mixed | <input type="checkbox"/> | Not Disclosed | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | |

If you have ticked one of the 'Other' boxes for any of the above ethnic origins, please enter the specific ethnic origin here:-

| | | | |
|-----------------------------|--|------------------------------------------------------------|--|
| Main Language spoken | | Other Language spoken <i>(see attached list)</i> | |
|-----------------------------|--|------------------------------------------------------------|--|

| | |
|-----------------------------------------------|--|
| Religion <i>(see attached list)</i> | |
|-----------------------------------------------|--|

| | | |
|-----------------------------------------------|------------------------------|-----------------------------|
| Information for Roman Catholic Schools | | |
| Denomination Roman Catholic | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | | |
|--------------------------------------------------------------------------------------------------------------|--------------------------|---------------|--------------------------|
| National Identity <i>Please ✓ the one category which best describes your National Identity</i> | | | |
| Scottish | <input type="checkbox"/> | Welsh | <input type="checkbox"/> |
| English | <input type="checkbox"/> | British | <input type="checkbox"/> |
| Northern Irish | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> | Not Disclosed | <input type="checkbox"/> |

If you have ticked one of the 'Other' boxes for any of the above ethnic origins, please enter the specific ethnic origin here:-

| | | | | | |
|---------------------------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|
| Asylum Status – If appropriate | | | | | |
| Asylum Seeker/Refugee | <input type="checkbox"/> | <input type="checkbox"/> | Temporary UK resident | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | | Yes | No |

Additional Information

Please provide details of certified medical reasons affecting parent/carer that you wish to be considered with your application (*confirmation from your doctor or specialist should be provided*)

| |
|--|
| |
|--|

I declare the information on this form to be correct to the best of my knowledge

Signed

(Parent/Carer) Date

Please ensure ALL areas are completed and you have signed the form to confirm its contents.

Please ensure you take your child's birth certificate and proof of your address with you when you return this form. Acceptable proof of address is your Council Tax Notice, Child Benefit letter or a Utility Bill (gas, electricity or landline telephone)



Data Protection

If you would like to know how Midlothian Council collects, uses and shares your personal information, please visit our website www.midlothian.gov.uk/privacy to access our online Privacy Notice.

Main Home Language and Additional Languages

| | | | |
|---------------------------------------|-----------------------|---------------------------|-------------------|
| Not known/not disclosed | English | Loma | Sourashtra |
| Afrikaans | Estonian | Luganda | Spanish |
| Albanian | Faroese | Luxembougish | Swahili/Kiswahili |
| Algerian | Farsi/Iranian/Persian | Malay/Bahasa | Swedish |
| Akan/Twi (Ghana) | Finnish | Malaysia | Tagalog/Filipino |
| Amharic | Flemish | Malagasy | Tamil |
| Arabic | French | Malayalam | Telugu |
| Armenian | Gaelic (Irish) | Maltese | Thai |
| Balinese | Gaelic (Scottish) | Marathi | Turkish |
| Bantu | Georgian | Mirpuri | Turkmani |
| Basque | German | Moldavian | Ukrainian |
| Belorussian | Greek | Mongolian | Urdu |
| Bemba | Gujerati | Ndbele | Urhobo |
| Bengali/Bangli/Bangala | Hakka | Nepalese | Vietnamese |
| Berber | Hausa | Norwegian | Walloon |
| Bosnian | Hebrew | Nyanja/Chichewa/Che wa | Welsh |
| Breton | Hindi | Pashto/Afghani | Wolof |
| Bulgarian | Hungarian/Magyar | Polish | Xhosa |
| Burmese | Icelandic | Portuguese | Yoruba |
| Cantonese | Ibo/Igbo | Punjabi | Zulu |
| Catalan | Indonesian/Bahasa | Romanian | |
| Cebuano/Visayan | Indonesia | Romany | |
| Chechen | Italian | Russian | |
| Chinese (Modern Standard/Mandarin) | Japanese | Scots | |
| Croatian | Kannada | Serbian | |
| Creole | Kashmiri | Setswana | |
| Czech | Khmer | Shona | |
| Danish | Konkani | Sign Language | |
| Dari | Korean | Sinhalese | |
| Dutch | Kurdish | Slovak | |
| Edo/Bini | Latvian | Slovene | |
| | Lithuanian | Somali | |

Religion

| | |
|-----------|---------------|
| Buddhist | None |
| Christian | Not Disclosed |
| Hindu | Not Known |
| Jewish | Other |
| Muslim | |
| Sikh | |