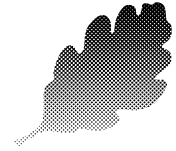


Midlothian Council
Education, Communities and Economy
Pupil Registration Form



Sacred Heart 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

Forename		Known as	
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Surname	Date of Birth
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Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Year/Stage	
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Address	
House Name	
No/Street	
Locality	
Town	

Post code	Home Telephone
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Mobile Number	E-mail Address
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Siblings in School	Class

Previous School/ Nursery	
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1) Parent/Carer (*Main Contact*)

Title		Forename	
Surname		Gender	
Daytime Phone Number		Home Phone Number	
Mobile Phone Number		Relationship to child	
Address			
Post Code		E-mail Address	
Emergency contact	<input type="checkbox"/> Yes		<input type="checkbox"/> No

2) Parent/Carer

Title		Forename	
Surname		Gender	
Daytime Phone Number		Home Phone Number	
Mobile Phone Number		Relationship to child	
Address			
Post Code		E-mail Address	
Emergency contact	<input type="checkbox"/> Yes		<input type="checkbox"/> No

3) Emergency Contact – 1st Contact

Title		Forename	
Surname		Gender	
Daytime Phone Number		Home Phone Number	
Mobile Phone Number		Relationship to child	
Address			
Post Code		E-mail Address	

4) Emergency Contact – 2nd Contact

Title		Forename	
Surname		Gender	
Daytime Phone Number		Home Phone Number	
Mobile Phone Number		Relationship to child	
Address			
Post Code		E-mail Address	

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Ethnic Origin		<i>Please tick one category</i>	
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"/>	Mixed	<input type="checkbox"/>
Other	<input type="checkbox"/>	Not Disclosed	<input type="checkbox"/>
<i>If you have ticked one of the 'Other' boxes for any of the above ethnic origins, please enter the specific ethnic origin here:-</i>			

Main Language spoken		Other Language spoken (see attached list)	
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Religion <i>(see attached list)</i>	
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Information for RC Schools	
Denomination RC	Yes <input type="checkbox"/> No <input type="checkbox"/>
Baptism Details	Church Date

National Identity			
<i>Please tick 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"/>
<i>If you have ticked one of the 'Other' boxes for any of the above National Identities, please enter the specific national identity here:-</i>			

Asylum Seeker/Refugee	<input type="checkbox"/>	<input type="checkbox"/>	Temporary UK resident	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No		Yes	No

Child's Medical Details

Medical condition		Medication /action	
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Doctors Name		Doctors Telephone Number	
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Surgery Address	
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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

Midlothian Council will store and use the information about you (and anyone else) which you provide on this form and in any supporting correspondence or documents which you send or give to us ("your information") strictly in accordance with the Data Protection Act 1998.

Midlothian Council will:

- use your information for the specific purpose of processing applications for school enrolment and, if otherwise then only to the extent necessary for carrying out any of our statutory functions as a local authority (the "**Permitted Purpose**");
- pass your information to those of our departments that need to know it for the permitted purpose. This means that although you send or give this form to one department of the Council, some or all of your information may be passed on to other departments of the Council; and
- pass your information to other organisations outside the Council, if and to the extent that we require to do so for the permitted purpose. These other organisations include anyone providing services to the Council in connection with the permitted purpose, and any other organisation with which the Council is required to work or cooperate in connection with the permitted purpose. Where appropriate these other organisations are named elsewhere on this form.
- Unless required or permitted to do so by law, Midlothian Council will not use or disclose your information for any purpose or to any organisation other than those described here, without telling you first.
- Store this information for a period of one year.

You can find more information on the Data Protection Act and the rights which you have under that Act on the web site of the Office of the Information Commissioner at www.ico.gov.uk.

Your child's details will be passed to NHS Lothian for vision testing, immunisation, dental and pre-school checks.

Please tick here if you do not wish your child's details to be passed to NHS Lothian.	
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Signed(Parent/Carer) Date

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 Indonesia	Romanian	
Cebuano/Visayan	Italian	Romany	
Chechen	Japanese	Russian	
Chinese (Modern Standard/Mandarin)	Kannada	Scots	
Croatian	Kashmiri	Serbian	
Creole	Khmer	Setswana	
Czech	Konkani	Shona	
Danish	Korean	Sign Language	
Dari	Kurdish	Sinhalese	
Dutch	Latvian	Slovak	
Edo/Bini	Lithuanian	Slovene	
		Somali	

Religion

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