**Midlothian Council**

**Education, Communities and Economy**

**Pupil Registration Form**

**ST MARY’S RC PRIMARY SCHOOL**

(This should be your preferred catchment school noted on the letter you will have now received, or you can check by visiting [Find a school catchment](https://midlothian.maps.arcgis.com/apps/webappviewer/index.html?id=4fca53bd5870436cb5891e73720e5725) on Midlothian Council’s website [www.midlothian.gov.uk](https://www.midlothian.gov.uk/))

**To accompany your registration form you will be required to provide a copy of the following documents:**

**Birth Certificate/Passport** – not required if your child attends a Midlothian Primary School Early Learning setting or a Midlothian Councils’ Partnership Early Learning setting.

**Baptism Certificate** - If you are requesting a place at a Roman Catholic primary school please provide evidence of the baptism of your child in the Roman Catholic Church or accreditation from a local parish priest

**Proof of address** - acceptable proof is a Council Tax statement, Child Benefit letter or a utility bill (gas, electric or landline telephone).

**You may be asked to provide sight of the originals on request of Midlothian Council.**

**Please Complete in Block Capitals**

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| **Section 1 – Pupil’s Personal Details** |
| **Forename** |  | **Known as** |  |
| **Surname** |  | **Date of Birth** |  |
| **Gender M/F** |  | **Year/Stage** |  |
| **Address** |  |
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|  |
| **Post code** |  |

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| **Section 2 – Previous School or Early Learning & Childcare Setting** |
| **Name** |  |

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| **Section 3 – Siblings Attending This School** |
| **Name** |  | **Class** |  |
| **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 No.** |  | **Relationship to Child** |  |
| **Address** |  |
|  |
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|  |
| **Post Code** |  |
| **Email Address** |  |

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| --- | --- | --- |
| **Emergency contact** |  **Yes**  |  **No** |

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| **Armed Forces (please tick if applicable)** |
|  **Regular Reserve Veteran Undisclosed**  |

1. **Parent/Carer**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** |  | **Forename** |  |
| **Surname** |  | **Gender M/F** |  |
| **Daytime Phone No.** |  | **Home Phone No.** |  |
| **Mobile No.** |  | **Relationship to Child** |  |
| **Address** |  |
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|  |
| **Post Code** |  |
| **Email Address** |  |

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| **Emergency contact** |  **Yes**  |  **No** |

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| **Armed Forces (please tick if applicable)** |
|  **Regular Reserve Veteran Undisclosed**  |

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| **Emergency Contacts (please complete if differs from above)** |

1. **Emergency Contact – 1st Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** |  | **Forename** |  |
| **Surname** |  | **Gender** **M/F** |  |
| **Daytime Phone No.** |  | **Home****Phone No.** |  |
| **Mobile No.** |  | **Relationship to Child** |  |
| **Address** |  |
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|  |
| **Post Code** |  |
| **Email Address** |  |

1. **Emergency Contact – 2nd Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** |  | **Forename** |  |
| **Surname** |  | **Gender** **M/F** |  |
| **Daytime Phone No.** |  | **Home Phone No.** |  |
| **Mobile No.** |  | **Relationship to Child** |  |
| **Address** |  |
|  |
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| **Post Code** |  |
| **Email Address** |  |

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| **Section 5 – Child’s Medical Conditions** |
| **Medical Condition** |
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| **Medication and action** |
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| **Doctor’s Name** |  |
| **Doctor’s Phone No.** |  |
| **Surgery Address** |  |
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| **Post Code** |  |

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| **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 Disability  Yes  No** |

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| **Section7 – Heritage Information** |

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| **Ethnic Origin** *Please* ***🗸*** ***one*** *category* |
| White British |  | Asian Indian |  |
| White Other |  | Asian Pakistani |  |
| Black African |  | Asian Bangladeshi |  |
| Black Caribbean |  | Asian Chinese |  |
| Black Other |  | Asian Other |  |
| Mixed |  | Not Disclosed |  |
| Other |  |

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

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| --- | --- | --- | --- |
| **Main Language Spoken** |  | **Other Languages Spoken***(see attached list)* |  |

|  |  |
| --- | --- |
| **Religion***(see attached list****)*** |  |

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| **Information for Roman Catholic Schools**If you are requesting a place at a Roman Catholic primary school please provide evidence of the baptism of your child in the Roman Catholic church. |
| **Denomination Roman Catholic Yes No**  |

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| **National Identity** *Please* ***🗸*** *the* ***one*** *category which best describes your National Identity* |
| Scottish |  | Welsh |  |
| English |  | British |  |
| Northern Irish |  | Other |  |
| Irish |  | Not Disclosed |  |

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| *If you have ticked one of the ‘Other’ boxes for any of the above National Identities, please enter the specific National Identity here:-* |

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| **Asylum Status – If appropriate** |
| Asylum Seeker/Refugee  |  **Yes No** | Temporary UK resident |  **Yes No** |

**Additional Information**

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| **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*)** |
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**DECLARATION BY PARENT/CARER**

I declare that I am entitled to register on behalf of this child/young person

(Please note a person between the ages of 16 and 18 is referred to as a young person. A parent can only register if the young person lacks capacity to apply on their own behalf. Please supply any relevant documentary information to confirm lack of capacity, with this form, if you are the parent/carer of a young person and have ticked this box).

I declare that I am over 16 years old and entitled to register on my own behalf.

Please provide contact details below.

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

In the case that parents are separated, where appropriate, the other parent should be advised of the registration.

**Please ensure ALL areas are completed before signing the form**

Signature ………………………………………………………………………………………………….

Relationship to child……………………………………………………………………..

Date *………………………………………….*

**Over 16 Contact Details**

Home Telephone No:…………………………………………………

Mobile No.:……………………………………………………………..

Email…………………………………………………………………….

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**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](https://www.midlothian.gov.uk/info/200285/access_to_information/338/privacy_and_cookies/9) to access our online Privacy Notice.

**Main Home Language and Additional Languages**

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| Not known/not disclosed AfrikaansAlbanian AlgerianAkan/Twi (Ghana)Amharic ArabicArmenian BalineseBantuBasqueBelorussianBemba Bengali/Bangli/BangalaBerberBosnianBretonBulgarianBurmeseCantoneseCatalanCebuano/VisayanChechenChinese (Modern Standard/Mandarin)CroatianCreoleCzechDanishDariDutchEdo/Bini | EnglishEstonianFaroeseFarsi/Iranian/PersianFinnishFlemishFrenchGaelic (Irish)Gaelic (Scottish)GeorgianGermanGreekGujeratiHakkaHausaHebrewHindiHungarian/MagyarIcelandicIbo/IgboIndonesian/Bahasa IndonesiaItalianJapaneseKannadaKashmiriKhmerKonkani KoreanKurdishLatvianLithuanian | LomaLugandaLuxembougishMalay/Bahasa MalaysiaMalagasyMalayalam MalteseMarathiMirpuriMoldavianMongolianNdbeleNepaleseNorwegianNyanja/Chichewa/ChewaPashto/AfghaniPolishPortuguesePunjabiRomanianRomanyRussianScotsSerbianSetswanaShona**Sign Language**SinhaleseSlovakSloveneSomali | SourashtraSpanishSwahili/KiswahiliSwedishTagalog/FilipinoTamilTeluguThaiTurkishTurkmaniUkrainianUrduUrhoboVietnameseWalloonWelshWolofXhosaYorubaZulu |

**Religion**

|  |  |
| --- | --- |
| BuddhistChristianHinduJewishMuslimSikh | NoneNot DisclosedNot KnownOther |