

PUPIL DETAILS			
Forename(s)		Known As	
Surname			
* Date of Birth (dd/mm/yyyy)	/ /	* Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Siblings already at this school (Forename and Surname)			
Pupil's home address	House Name: No / Street: Locality: Town:		
* Postcode		Pupil's Email (Home)	
Home Telephone N ^o		Pupil's Mobile Telephone N ^o	

* Start date at school	/ /	Nursery Attended (If any)	
Previous School (If any)		Previous Local Authority	

Contact – Parents/Carers (living with pupil)		
Relationship to pupil	e.g. Mother	e.g. Father
Title	e.g. Mr, Mrs, Ms	e.g. Mr, Mrs, Ms
Forename(s)		
Surname		
Main Contact – (Please allocate only one)	(please tick) <input type="checkbox"/>	(please tick) <input type="checkbox"/>
Daytime Telephone		
Home Telephone N ^o		
Mobile Telephone N ^o		
Email Address		

Additional Contacts			
Full Name	Full Address	Relationship	Telephone N ^o
			Daytime: Home (if different): Mobile:
			Daytime: Home (if different): Mobile:
			Daytime Tel: Home (if different): Mobile:

* Applied for Free School Meals	Yes <input type="checkbox"/> No <input type="checkbox"/>	Expiry Date (if known)	__/__/__
<i>(NB. not for stages P1-P3 from 2015)</i>			

*Disability Information		
Is your child disabled? (Please tick) Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please provide a brief description:		
[To completed by the school]		
According to school records, the child has been assessed as requiring access to the following adaptations:		
Physical	Curriculum	Communication
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

*Main Home Language – Please tick one category which best describes your child’s home language			
Arabic <input type="checkbox"/>	French <input type="checkbox"/>	Polish <input type="checkbox"/>	Spanish <input type="checkbox"/>
Bengali <input type="checkbox"/>	Gaelic (Scottish) <input type="checkbox"/>	Portuguese <input type="checkbox"/>	Turkish <input type="checkbox"/>
Cantonese <input type="checkbox"/>	German <input type="checkbox"/>	Punjabi <input type="checkbox"/>	Urdu <input type="checkbox"/>
English <input type="checkbox"/>	Hindi <input type="checkbox"/>	Scots <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>
Additional Home Language(s) (Please list below):			

*Ethnic Origin – Please tick one category which best describes your child				
White - Scottish <input type="checkbox"/>	White - Polish <input type="checkbox"/>	Asian – Pakistani/British /Scottish <input type="checkbox"/>	Caribbean or Black – Caribbean/British/ Scottish <input type="checkbox"/>	Other - Arab <input type="checkbox"/>
White – Other/British <input type="checkbox"/>	White – Other <input type="checkbox"/>	Asian – Bangladeshi/ British/Scottish <input type="checkbox"/>	Caribbean or Black – Other <input type="checkbox"/>	Other – Other <input type="checkbox"/>
White – Irish <input type="checkbox"/>	Mixed or multiple ethnic groups <input type="checkbox"/>	Asian – Chinese/British/ Scottish <input type="checkbox"/>	African – African/British/ Scottish <input type="checkbox"/>	Not Disclosed <input type="checkbox"/>
White – Gypsy/ Traveller <input type="checkbox"/>	Asian – Indian/British/ Scottish <input type="checkbox"/>	Asian - Other <input type="checkbox"/>	African - Other <input type="checkbox"/>	Not Known <input type="checkbox"/>

Religious Affiliation - Please tick one religious affiliation below		
Buddhist <input type="checkbox"/>	Jewish <input type="checkbox"/>	Not Known <input type="checkbox"/>
Christian <input type="checkbox"/>	Muslim <input type="checkbox"/>	Other <input type="checkbox"/>
Christian – RC <input type="checkbox"/>	None <input type="checkbox"/>	Sikh <input type="checkbox"/>
Hindu <input type="checkbox"/>	Not Disclosed <input type="checkbox"/>	

*National Identity – Please tick one category which best describes your child		
British <input type="checkbox"/>	Scottish <input type="checkbox"/>	Not Disclosed <input type="checkbox"/>
English <input type="checkbox"/>	Welsh <input type="checkbox"/>	Other <input type="checkbox"/>
Northern Irish <input type="checkbox"/>	Not Known <input type="checkbox"/>	

* Asylum Seeker/Refugee Status (for Asylum Seekers/Refugees only)
Please tick one category that best describes your child: <div style="text-align: center;"> Asylum Seeker <input type="checkbox"/> Refugee <input type="checkbox"/> </div>

Medical Information			
Doctor's Name		Tel. N ^o	
Doctor's Address			
Condition(s):			
Medication/Action Required:			
Medical Information:			

Dietary Requirements	
Does your child have a special Diet? (Please tick) Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes please can you provide details:	

Declaration	
I declare the information on this form to be correct to the best of my knowledge.	
Signed (Parent / Carer)	Date.....

The information on this form is processed electronically for administrative purposes and is subject to the terms of the Data Protection Act (1998). The items marked with a * are sent to the Scottish Government annually as part of ScotXed and used for research and analysis purposes only. Where appropriate, we may have to share information with other departments and agencies working with or on behalf of City of Edinburgh Council such as the NHS for their Immunisation Programme.

cont/

For Office Use Only: -

Birth Certificate Received (copy)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Registration Class	
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Proof of Residence Received (copy)	
Council Tax Assessment Letter <input type="checkbox"/>	Recent Utility Bill <input type="checkbox"/>
Other <input type="checkbox"/> (Please State):	

All data fields are compatible with SEEMIS

Date of last revision: *November 2014*