

# Midlothian Council Education, Communities and Economy

## Application for Pre-School Education Roslin Primary School Nursery



### OFFICE USE ONLY

Proof of Age	Birth Certificate	Birth Certificate No .....
	or Passport	Passport No .....

Proof of Address	Council Tax Notice or Child Benefit Letter or Utility Bill
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Previous Pre-School Education Centre (if applicable)	
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Please ensure ALL areas are completed using block capitals

#### Child's Details

Forenames		Known as	
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Surname		Date of Birth	
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Gender			
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Address	

Post code		Home Telephone	
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You may request that your child is placed on the waiting list of a maximum of 3 Midlothian Council Pre-School Education Centres.

Pre-School Education Centre Requested	1.
	2.
	3.

Sibling – please enter details of siblings already attending pre-school education or primary school

Sibling already attending a Pre-School Education Centre /school	1.
	2.
	3.

## FAMILY DETAILS

Parent/Carer (*Main Contact*)

<b>Title</b>		<b>Forename</b>	
<b>Surname</b>		<b>Gender</b>	
<b>Address</b>			
<b>Post Code</b>		<b>Home Phone Number</b>	
<b>Daytime Phone Number</b>		<b>Mobile Phone Number</b>	
<b>E-mail address</b>			
<b>Relationship to child</b>		<b>Authorised to collect</b>	<b>Yes      No</b>

## Contact 2 (Parent/Carer 2 or other contact)

<b>Title</b>		<b>Forename</b>	
<b>Surname</b>		<b>Gender</b>	
<b>Address</b>			
<b>Post Code</b>		<b>Home Phone Number</b>	
<b>Daytime Phone Number</b>		<b>Mobile Phone Number</b>	
<b>Relationship to child</b>		<b>Authorised to collect</b>	<b>Yes      No</b>

## Medical Details

<b>Medical Condition</b> Please include any long term illness, medical condition or disability	
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<b>Medication/Action</b>	
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<b>Disability</b>	Please circle Yes      No	<b>If Yes, Is any professional assessment available</b>	Please circle Yes              No
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<b>Health Board</b>		<b>Practice</b>	
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<b>Concerns</b> <i>Please give details of any concerns you have about your child's health/progress</i>	
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<b>Ethnic Origin</b>			
<i>Please tick <b>one</b> category</i>			
White Scottish	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>
White Other British	<input type="checkbox"/>	Asian Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian Bangladeshi	<input type="checkbox"/>
White Gypsy/Traveller	<input type="checkbox"/>	Asian Chinese	<input type="checkbox"/>
White Polish	<input type="checkbox"/>	Asian Other	<input type="checkbox"/>
White Other	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>	Arab	<input type="checkbox"/>
Other	<input type="checkbox"/>	Mixed	<input type="checkbox"/>
Not Known	<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:-			

## Religion

(Please select from list on Page 6)

<b>Religion</b>	
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## National Identity

<i>Please tick the <b>one</b> 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

Asylum Seeker/Refugee	<input style="width: 30px; height: 20px;" type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>
	Yes	No

## Main Home Language and Additional Languages (Please select from list on Page 6)

<b>Main Home Language</b>	
<b>Additional Languages</b>	

## Additional Information

Please circle your preferred option for attendance. Please note that your preferred option cannot be guaranteed.

<b>Attendance</b>	AM      or      PM      or      FULL TIME
<i>Please provide any additional information in support of your application, include information to support a preference for a morning or afternoon placement</i>	

<b>Intended Primary school</b>	
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*Please note that a place in Primary 1 at the intended primary school is not guaranteed.*

<b>I declare the information on this form to be correct to the best of my knowledge</b>	
Signed .....	Date .....

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

This form should be returned in person to your 1<sup>st</sup> choice nursery. Please ensure you take your child's birth certificate or passport 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).

**PLEASE DO NOT RETURN THIS FORM BY POST**

### Languages

Not known/not disclosed	English	Loma	Sourashtra
Afrikaans	Estonian	Luganda	Spanish
Albanian	Faroese	Luxembourish	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/Bangal	Hakka	Nepalese	Vietnamese
a	Hausa	Norwegian	Walloon
Berber	Hebrew	Nyanja/Chichewa/Che	Welsh
Bosnian	Hindi	wa	Wolof
Breton	Hungarian/Magyar	Pashto/Afghani	Xhosa
Bulgarian	Icelandic	Polish	Yoruba
Burmese	Ibo/Igbo	Portuguese	Zulu
Cantonese	Indonesian/Bahasa	Punjabi	
Catalan	Indonesia	Romanian	
Cebuano/Visayan	Italian	Romany	
Chechen	Japanese	Russian	
Chinese (Modern	Kannada	Scots	
Standard/Mandarin)	Kashmiri	Serbian	
Croatian	Khmer	Setswana	
Creole	Konkani	Shona	
Czech	Korean	<b>Sign Language</b>	
Danish	Kurdish	Sinhalese	
Dari	Latvian	Slovak	
Dutch	Lithuanian	Slovene	
Edo/Bini		Somali	

### Religion

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

**Child's Details**

<b>Name</b>		<b>Date of Birth</b>	
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**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 pre-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.
- Retain this form for the duration of primary education.

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](http://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 parent or carer is a member or ex-member of the Armed Forces.	
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Please tick here if you do <b>not</b> wish your child's details to be passed to NHS Lothian.	
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Signed .....	(Parent/Carer	Date .....
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