#### Midlothian Council Education & Children's Services Pupil Enrolling Form



#### **Roslin Primary School**

Note: Proof of address is required. This can be a council Tax Bill, Benefits Letter or Utility Bill, eg. gas, electricity, landline phone bill – mobile phone bills or bank statements are not suitable. When you complete and return this form, please bring your proof of address document with you.

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

	•		•
Forename	1	Known as	
Surname		Date of	
		Birth	
		L. L	
Gender M/F	,	Year/Stage	
Address			
House name			
No/Street			
Locality			
Locality			
Town			
Post code		Home	
	1	Telephone	
Mobile		E-mail	
Number		Address	
Number	,	1441 055	
		Class	
Siblings in			
School			

Previous School/Nursery	
Days attending at Roslin Nursery	Note: if this is less than the 5 weekly sessions, please discuss this with the school when completing the form.
Additional Nursery being attended	

# Please Complete in Block Capitals

#### 1) Parent/Carer (Main Contact)

Title		Forename	
		Torchame	
Surname		Gender	
Cumano		•••••••	
Daytime		Home Phone	
Phone		Number	
Number			
Mobile		Relationship	
Phone		to child	
Number			
Address			
Deet Cede		<b>F</b>	
Post Code		E-mail	
		Address	
Emergency			
contact	Yes		No

#### 2) Parent/Carer

Title	F	Forename
Surname	G	Gender
Daytime Phone Number		Home Phone Number
Mobile Phone Number	F to	Relationship co child
Address		
Post Code		E-mail Address
	· · · · · · · · · · · · · · · · · · ·	
Emergency		

Emergency		
contact	Yes	No

2

#### 3) Emergency Contact – 1<sup>st</sup> 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 – 2<sup>nd</sup> Contact

Title	Forename
Surname	Gender
Daytime Phone Number	Home Phone Number
Mobile Phone Number	Relationship to child
Address	

Post Code	E-mail	
	Address	

#### **Child's Medical Details**

Medical condition	Medication /action		
Dootor'o Nom		Destars'	

Doctor's Name /		Doctors'
Medical Practice	Т	Telephone
	N	Number

#### **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*)

#### 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

Ethnic Origin         Please tick one category			
White British		Asian Indian	
White Other		Asian Pakistani	
Black African		Asian Bangladeshi	
Black Caribbean		Asian Chinese	
Black Other		Asian Other	
Mixed		Mixed	
Other		Not Disclosed	
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	Other Language
spoken	spoken
	(see attached list)

Religion (see attached list)		
Information for RC	Schools	
Denomination RC	Yes No	
Baptism Details	Church	Date

National Identity			
	Please tick the <b>one</b> c	ategory which best descril	bes your National Identity
Scottish		Welsh	
English		British	
Northern Irish		Other	
Irish		Not Disclosed	
If you have ticked one of the 'Other' boxes for any of the above National Identities, please enter the specific national identity here:-			

Asylum Seeker/Refugee			Temporary UK resident		
	Yes	No		Yes	Νο

# 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).

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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.

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 <u>www.ico.gov.uk</u>.

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

Please tick here if you do <b>not</b> wish your child's details to be passed	
to NHS Lothian.	

Signed ......(Parent/Carer) Date .....

#### Main Home Language and Additional Languages

		Γ	
Not known/not	English	Loma	Sourashtra
disclosed	Estonian	Luganda	Spanish
Afrikaans	Faroese	Luxembougish	Swahili/Kiswahili
Albanian	Farsi/Iranian/Persian	Malay/Bahasa	Swedish
Algerian	Finnish	Malaysia	Tagalog/Filipino
Akan/Twi (Ghana)	Flemish	Malagasy	Tamil
Amharic	French	Malayalam	Telugu
Arabic	Gaelic (Irish)	Maltese	Thai
Armenian	Gaelic (Scottish)	Marathi	Turkish
Balinese	Georgian	Mirpuri	Turkmani
Bantu	German	Moldavian	Ukrainian
Basque	Greek	Mongolian	Urdu
Belorussian	Gujerati	Ndbele	Urhobo
Bemba	Hakka	Nepalese	Vietnamese
Bengali/Bangli/Bangala	Hausa	Norwegian	Walloon
Berber	Hebrew	Nyanja/Chichewa/Che	Welsh
Bosnian	Hindi	wa	Wolof
Breton	Hungarian/Magyar	Pashto/Afghani	Xhosa
Bulgarian	Icelandic	Polish	Yoruba
Burmese	lbo/lgbo	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	Sign Language	
Danish	Kurdish	Sinhalese	
Dari	Latvian	Slovak	
Dutch	Lithuanian	Slovene	
Edo/Bini		Somali	

#### Religion

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