

PUPIL DETAILS			
Forename(s)		Known As	
Surname			
* Date of Birth (dd/mm/yyyy)	/ /	* Sex	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 <sup>o</sup>		Pupil's Mobile Telephone N <sup>o</sup>	

* 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 <sup>o</sup>		
Mobile Telephone N <sup>o</sup>		
Email Address		

Additional Contacts			
Full Name	Full Address	Relationship	Telephone N <sup>o</sup>
			Daytime: Home (if different): Mobile:
			Daytime: Home (if different): Mobile:
			Daytime Tel: Home (if different): Mobile:

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

<b>*Main Home Language</b> – Please tick <b>one</b> category which <b>best</b> 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"/>
<b>Additional Home Language(s)</b> (Please list below):			

<b>*Ethnic Origin</b> – Please tick <b>one</b> category which <b>best</b> 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"/>

<b>Religious Affiliation</b> - Please tick <b>one</b> 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"/>	

<b>*National Identity</b> – Please tick <b>one</b> category which <b>best</b> 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"/>	

<b>Armed Forces</b> – If Parent/Carer is currently a serving member or has previously served in the Armed Forces			
Regular <input type="checkbox"/>	Reserve <input type="checkbox"/>	Veteran <input type="checkbox"/>	Undisclosed <input type="checkbox"/>

<b>*Asylum Seeker/Refugee Status</b> (for Asylum Seekers/Refugees only)	
Please tick <b>one</b> category that <b>best</b> describes your child:	
Asylum Seeker <input type="checkbox"/>	Refugee <input type="checkbox"/>

<b>Medical Information</b>			
Doctor's Name		Tel. N <sup>o</sup>	
Doctor's Address			
Condition(s):			
Medication/Action Required:			
Medical Information:			

<b>Dietary Requirements</b>	
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 General Data Protection Regulation and the Data Protection Act (2018). The items marked with a \* are sent to the Scottish Government annually as part of ScotXed and used for statistical research and planning purposes only. These may be shared with other organisations but only in an anonymised form. Where appropriate, we may have to share individual level information with other departments and agencies working with or on behalf of City of Edinburgh Council such as the NHS for their Immunisation Programme. Further details on how we manage personal information is available in our Privacy Notice available at [www.edinburgh.gov.uk/privacy](http://www.edinburgh.gov.uk/privacy)

For Office Use Only: -

Birth Certificate Received (copy)

Yes

No

Registration Class

Proof of Residence Received (copy)

Council Tax Assessment Letter

Recent Utility Bill

Other  (Please State):



ترجمہ کے لئے حاضر  
 مسعدنا توفیر الترجمة  
 MOŻEMY PRZETŁUMACZYĆ  
 很樂意翻譯

You can get this document on tape, in Braille, large print and various computer formats if you ask us.

Please contact Interpretation and Translation Service (ITS) on 0131 242 8181 or [ITS@edinburgh.gov.uk](mailto:ITS@edinburgh.gov.uk) and quote reference number 22-7801.

ITS can also give information on community language translations. You can get more copies of this document by calling your local school.

All data fields are compatible with SEEMiS

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