

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 №		Pupil's Mobile Telephone №	
* 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 №			
Mobile Telephone №			
Email Address			
Additional Contacts			
Full Name	Full Address	Relationship	Telephone №
			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)	____ / ____ / ____
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*Disability Information

Is your child disabled? (Please tick) Yes No

If yes, please provide a brief description:

[To be completed by the school]

According to school records, the child has been assessed as requiring access to the following adaptations:

Physical

Yes No

Curriculum

Yes No

Communication

Yes No

*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"/>		

Armed Forces – If Parent/Carer is currently a serving member or has previously served in the Armed Forces

Regular Reserve Veteran Undisclosed

***Asylum Seeker/Refugee Status** (for Asylum Seekers/Refugees only)Please tick **one** category that **best** describes your child:

Asylum Seeker Refugee

Medical Information

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

Dietary RequirementsDoes your child have a special Diet? (Please tick) Yes No

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

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: 15 June 2022