



REGISTRATION FORM

Please complete in **BLOCK CAPITALS**

1. CHILD:

Surname/family name on birth certificate: _____ Forename(s): _____ **Male/Female:** ____

Surname to be known as: _____ Previous surnames: _____

Date of Birth: _____ Birth Certificate attached for checking: **Yes/No** _____

Ethnic origin: _____ Religion: _____

Home Language: _____ Country of Birth _____

First Language _____ Date of arrival in UK (if relevant): _____

Home address: _____ Nationality: _____

_____ Home Telephone Number: _____

_____ Mobile Number: _____

Post code: _____ Email: _____

2. PARENT(S)/GUARDIAN(S): who share legal parental responsibility for the child

Name of Father/Guardian: (Please include initials and surname) _____ Name of Mother/Guardian: (Please include initials and surname) _____

Mr _____ Mrs/Ms/Miss _____

Address: (if different from above) _____ Address: (if different from above) _____

Mobile No: _____ Mobile No: _____

Daytime Tel No (& Ext): _____ Daytime Tel No (& Ext): _____

Place of work/contact: _____ Place of work/contact: _____

Occupation: _____ Occupation: _____

If not presently in paid employment, please state your previous employment or that which you have been trained for.

EMERGENCY CONTACTS: Please give two persons who may be contacted in an emergency to act on your behalf.

Name	Telephone No	Mobile No	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

3. CUSTODY AND COURT ORDERS: The school needs to know of any Court Orders affecting your child, please inform the school of the details.

4. OTHER CHILDREN IN THE FAMILY (include names, relationship and dates of birth)

Name	Relationship	Date of birth
_____	_____	_____
_____	_____	_____

5. FAMILY DOCTOR:

Name _____ Address _____ Tel No _____

Health Visitor _____ Address _____ Tel No _____

6. **CHILD'S HEALTH:** Health concerns (eg medical or dietary problems) **Yes/No** (If yes please provide further details)

7. **PREVIOUS AND PRESENT SCHOOLS ATTENDED:** if any, including nursery school, playgroup, pre-school group

School, Playgroup Name	Address	Admission date	Date of last attendance	Reason for leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. **OTHER INFORMATION:** please state if you feel there is any other information we should be aware of (contact language; religious considerations relating to custom, dress or prohibition, SEN and accessibility needs)

Travel to School: Walk Car Public Transport
Lunch arrangements: School Lunch Free Paid Sandwiches from home

9. **INFORMATION FOR REQUESTS FOR NURSERY ADMISSIONS ONLY:**

Reason for requesting admission to Nursery Unit:

State if you have a preference for morning (8.40am-11.40am) or afternoon (12.20pm-3.20pm) session (Please tick your choice.)

A M or P M both (if entitled to 30hrs) 30hrs including optional additional lunchtime (32hrs per week)
(@ additional cost of £3 per day)

Check for 30hrs entitlement at <https://childcare-support.tax.service.gov.uk/par/app/applynow>

Is your child on any other nursery list? (If yes, please tick) and state the Nursery: _____

Which school do you wish your child to attend, when he/she reaches the correct age for full time education? _____

Signature of parent/guardian: _____ Date: _____

NOTE: Completing this form does not necessarily imply the school has agreed to accept your child. This information may be stored electronically by the school.

FOR OFFICE USE ONLY (misc.PLPSREGISTRATIONFORM)

OTHER

- APP/EM CONT FORM
walks, plasters, meals,
Home-School Agreement issued/returned
- ADM BOOK
- RECORD
- S44
- CLASS LIST
- REQUEST RECORDS
- DINNER REGISTER
- MILK

Admission Book Number:.....

Admission:	Nursery	School
Adm Date:	_____	_____
Adm No:	_____	_____
UPN No:	_____	_____
Year Group:	_____	_____
Class No:	_____	_____
Input:	_____	_____
Birth Cert:	_____	_____
Left Date:	_____	_____
Destination:	_____	_____