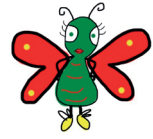




ABBOTSHOLME PRE-PREP SCHOOL REGISTRATION FORM



Child's details

Child's first name(s)

Surname

Name known as

Child's full address

Gender

Date of birth

Birth certificate seen
by Abbotsholme Staff YES NO [delete]

Family details

Name of parent(s)/carer(s) with whom the child lives

Contact details 1 (including emergency information)

Parent/carer full name

Relationship to child

Daytime/work telephone

Mobile

Home telephone

Email

Home address

Work address

Does this parent have parental responsibility for the child? YES NO [delete]

Does this parent have legal access to the child? YES NO [delete]

Contact details 2 (including emergency information)

Parent/carer full name

Relationship to child

Daytime/work telephone

Mobile

Home telephone

Email

Home address

Work address

Does this parent have parental responsibility for the child? YES NO [delete]

Does this parent have legal access to the child? YES NO [delete]

Other person(s) with legal contact

To be completed where those persons with parental responsibility are separated and an S8 Order is in place

Name

Address

Contact telephone numbers

Relationship to child

What are the contact arrangements that Abbotsholme Pre-Prep need to know about?

Please use a separate sheet of paper for any additional contact details.

Persons other than parent(s) authorised to collect the child *Must be over 16 years of age*

Person 1 – Name

Address

Home telephone

Mobile

Daytime/work telephone

Relationship to child

PASSWORD for collection of child by authorised person

Emergency contact details if parents are not available - *Emergency contacts must be local*

Contact 1 – Name

Daytime/work telephone

Address

Home telephone

Mobile

Relationship to child

Contact 2 – Name

Daytime/work telephone

Address

Home telephone

Mobile

Relationship to child

Does your child have any special needs or disabilities? YES NO [delete]

If so, please provide details

Are any of the following in place for the child?

Early Years Action YES NO [delete]

Early Years Action Plus YES NO [delete]

Statement of special educational need YES NO [delete]

Policies and procedures

Please sign below to confirm that you have been provided with details of where the setting's policies and procedures can be found, including the Information Sharing procedures and understand that there may be circumstances where information is shared with other professionals or agencies without your consent.

Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify us of any changes as they arise.

We request that our child be registered as a prospective pupil and include a £75 registration fee (non refundable). Cheques should be made payable to 'Abbotsholme School'.

Signed

Date

Parent 1

Signed

Date

Parent 2

Signed

Date

Key person

Signed

Date

Date of first review

[For Office Use Only registration fee received]