



## School Registration Form

The completed form should be sent together with a photocopy of your child's birth certificate to the School Office, along with £150 (£75 non-refundable registration fee and £75 deposit, refundable when the child leaves Edenhurst). Cheques should be made payable to Edenhurst Preparatory School, for payments via BACS, our account details are: Sort code: **20-59-49** Account Number: **53612643**, Reference: child's surname.

### CHILD'S DETAILS *(Please write all details in BLOCK CAPITALS)*

Child's Forename(s): \_\_\_\_\_

Child's Middle names(s): \_\_\_\_\_ Gender: Male / Female

Child's Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Desired Date of Entry: \_\_\_\_\_ Entry Year (e.g. Reception): \_\_\_\_\_

Religious Denomination: \_\_\_\_\_ Nationality: \_\_\_\_\_

Language spoken at home (if not English): \_\_\_\_\_ Ethnicity\*: \_\_\_\_\_

**Ethnicity Key:** WHB British; WHR Irish; WHT Traveller of Irish Heritage; WRO Gypsy/Roma; WHA Any other White background; MWB White and Black Caribbean; MBA White and Black African; MWA White and Asian; MOT Any other mixed background; AIN Indian; APK Pakistani; ABA Bangladeshi; AOO Any other Asian background; BLB Caribbean; BLF African; BLG Any other Black background; CHE Chinese; OEO Other ethnic background; REF Decline to record ethnicity.

Any specific medical or educational needs: \_\_\_\_\_

### PARENT/GUARDIAN(S) WITH PARENTAL RESPONSIBILITY FOR CHILD

Name of **Mother**/Guardian: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Primary Tel No: \_\_\_\_\_ Alternative Tel No: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of **Father**/Guardian: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Primary Tel No: \_\_\_\_\_ Alternative Tel No: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

If parents are separated, who does the child normally live with? \_\_\_\_\_

**OTHER CONTACTS**

**Please provide details, and photographs, for any other parent, step-parent, guardian or emergency contact:**

**Contact 1 Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Primary Tel No:** \_\_\_\_\_ **Alternative Tel No:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_ **Password:** \_\_\_\_\_

**Contact 2 Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Primary Tel No:** \_\_\_\_\_ **Alternative Tel No:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_ **Password:** \_\_\_\_\_

**If there are any legal restrictions on who has contact with the child, please provide details here:**

\_\_\_\_\_  
\_\_\_\_\_

**CURRENT NURSERY/SCHOOL ATTENDED**

**Name:** \_\_\_\_\_ **Head:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Contact Numbers(s):** \_\_\_\_\_

**Where did you hear about Edenhurst?** \_\_\_\_\_

**Future School(s) desired:** \_\_\_\_\_

**MEDICAL INFORMATION** *(please write all details in BLOCK CAPITALS)*

**Details of Family Doctor**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

**Medical/Dietary Requirements** *(Please list details of any of the following:)*

Dietary requirements, preferences or food allergies: \_\_\_\_\_

Any known allergies: \_\_\_\_\_

Any known illness or chronic or recurring medical conditions: \_\_\_\_\_

Any on-going medicine prescribed: \_\_\_\_\_

Time prescribed medication is to be taken in school: \_\_\_\_\_

Any special instructions: \_\_\_\_\_

I give permission for the School to administer my child's ongoing prescribed medication and will notify the school immediately of any changes to his/her prescription.

**Other Medical Requirements:**

Please note that, for all other medical prescriptions, parents must complete and submit a Medical Consent Form *(available from the School Office)* for each and every medicine before any medication can be administered by staff at school.

**Non-Prescribed Medication:**

I give permission for the school to administer the following non-prescription medication when deemed to be beneficial by qualified members of staff:

- Antihistamine cream – insect bites or stings
- Adhesive plasters – cuts, blisters
- Cold pack – Headache, joint/limb discomfort
- \* Calamine and aqueous cream – rash/burn
- \* Hot pack – stomach ache
- \* Vaseline – sore, chapped lips

***Parents should delete any medication for which consent is withheld.***

Are there activities that you wish your child to be excluded from for medical reasons? \_\_\_\_\_

***Each person with parental responsibility for the child is required to sign this Acceptance Form and the School is entitled to treat any instruction, authority, request or prohibition received from any person who has signed this Acceptance Form as having been given on behalf of both or all such persons.***



## HOME-SCHOOL AGREEMENT ACCEPTANCE

I/We hereby accept the offer of a place at Edenhurst Preparatory School for:

\_\_\_\_\_ (*full name of pupil*) with effect from the beginning of the  
\_\_\_\_\_ Term 20\_\_\_\_\_ and enclose **£150** (£75 non-refundable Registration Fee and £75 refundable Deposit).

**Please note that the Deposit is non-refundable in the event of your child not taking up the place offered.**

**We sign to give consent for all of the following, unless specified otherwise.**

1. I/We acknowledge and agree that the School's **Terms and Conditions** as varied from time to time, form part of the contract between us/me and the School. A copy of our Terms and Conditions can be found on the School's website.
2. I/We agree to pay the **fees and supplementary charges** when due, and undertake to give in writing, a full term's notice of removal, or non-start, or to pay a term's fees in lieu thereof.
3. I/We agree that I/we and my/our child shall observe and be bound by the **School Rules** as varied from time to time.
4. I/We give permission for my/our child to attend **local trips out of the School** that are part of the normal school activities, eg. walking to the swimming baths, around the block, to St. Giles Church etc.
5. I/We give permission for the School staff to administer and week **Emergency First Aid** in the event of an accident or illness, including taking my/our child to hospital to receive any treatment required.
6. I/We consent, on the advice of an appropriately qualified medical specialist, to my/our child receiving **Emergency Medical Treatment**, including anaesthetic blood transfusion and surgical procedure (under the NHS) if the school staff are unable to contact me/us in time.
7. Edenhurst Preparatory School is committed to every child having safe and happy experiences with us. To ensure this, we monitor and, where necessary, seek advice to ensure your child's future.
8. I/We understand that **Child Safeguarding Policy and Procedures** are in place within the School and are available for my inspection at any time.
9. Edenhurst Preparatory School and Nursery and its parent company, Bellevue Education Group, from time to time use photographs, video, DVD and other multimedia images of children who attend the School. These images are used for both educational reasons (internal) and promotional purposes (external). The use of images for external purposes include: in prospectuses, website, newsletters, newspapers, promotional displays, multimedia presentations, YouTube and on the School's social media pages (Facebook and Twitter).
10. I/We give permission for my/our **child's image to be used for external purposes** for the School, Nursery and Bellevue Education Group.
11. When issuing press releases and photographs to the local media, the School and Nursery are sometimes asked to provide the names of the children shown in the images.
12. I/We give permission for my/our **child's image and name to be used for press purposes** for the School, Nursery and Bellevue Education Group.

Signed (**Mother/Carer**): \_\_\_\_\_ Date: \_\_\_\_\_

Signed (**Father/Carer**): \_\_\_\_\_ Date: \_\_\_\_\_

