



Nursery to School Transfer Registration Form

Please send the completed form to the Nursery Office.

Please write all details in BLOCK CAPITALS.

Child's Details

Child's Forename(s): _____

Child's Middle names(s): _____

Child's Surname: _____

Male/Female: _____ 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; EOE 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: _____

Other Contacts

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

Contact Name 1: _____ **Title:** _____

Address: _____

_____ **Postcode:** _____

Primary Tel No: _____ **Alternative Tel No:** _____

Relationship to child: _____ **Password:** _____

Contact Name 2: _____ **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:

Future School(s) desired: _____

Medical Details

Name of **Family Doctor**: _____

Address: _____

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 allergies: _____

Any known illness or chronic or recurring medical conditions: _____

Any on-going medicine prescribed: _____

Time prescribed medication to be taken in school: _____

Any special instructions: _____

I/We give permission for the school to administer my/our 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 for each and every medicine before any medication can be administered by staff at school. The consent form is available from the School Office and can be downloaded from the school website.

Non-Prescribed Medication

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

- Anti-histamine cream – for insect bites or stings
- Calamine and Aqueous cream – for a rash or burn
- Adhesive plasters – for cuts or blisters
- Hot pack – for stomach ache
- Cold pack – for headache or joint/limb discomfort
- Vaseline – for sore/chapped lips

Parents should delete any medication for which consent is withheld.

Are there any activities from which you wish your child to be excluded for medical reasons? _____



Permission/Consent

I / We give permission for school staff to administer first aid to my/our child in the event of an accident or illness.

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.

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

Signed (**Mother**/Carer) _____ Date: _____

Signed (**Father**/Carer) _____ Date: _____

<i>For Office Use:</i>	
<i>Registration Form received (date):</i>	<i>Acknowledgement sent with Agreement Form and Terms and Conditions (date)</i>
<i>Details entered onto PASS system (date):</i>	<i>Signed Agreement Form received (date):</i>
<i>Refundable Deposit of £150 received (Date)</i>	<i>Acknowledgement of Deposit sent:</i>
<i>Settling-in date booked:</i>	<i>PASS system updated and Admissions procedure completed (date):</i>