

The complete form should be sent together with a photocopy of your child's birth certificate to the School Office, along with **£575** (£75 non-refundable Registration Fee and £500 Deposit, refundable when your child leaves Edenhurst). Please send payment via BACS.

Our account details are as follows:

Sort code: **20-59-49** Account Number: **53612643**.

Please use your surname as the reference when making the payment. Please write all details in **BLOCK CAPITALS**.

Child's Details

Child's Forename(s):		Gender:	
Child's Middle names(s):		Date of Birth:	
Child's Surname:		Religious Denomination:	
Desired Date of Entry:		Entry Year (e.g. Reception):	
Language spoken at home (if not English):		Nationality:	
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

PARENT / CARER 1

Title:	
Full Name:	
Relationship to Child:	
Address:	
Postcode:	
Home Tel. No.:	
Mobile Tel. No.:	
Email:	
Date of Birth:	
Occupation:	

PARENT / CARER 2

Title:	
Full Name:	
Relationship to Child:	
Address:	
Postcode:	
Home Tel. No.:	
Mobile Tel. No.:	
Email:	
Date of Birth:	
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 1

Title:

Full Name:

Relationship to Child:

Address:

Postcode:

Home Tel. No.:

Mobile Tel. No.:

CONTACT 2

Title:

Full Name:

Relationship to Child:

Address:

Postcode:

Home Tel. No.:

Mobile Tel. No.:

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

Details of Family Doctor

Name:

Address:

Telephone Number:

Medical/Dietary Requirements

Dietary requirements, preferences, food allergies/
intolerances and religious observances

Any known illness or chronic/recurring medical
condition

Any on-going medicine prescribed

Special instructions

Special needs

Any activities that you wish your child to be
excluded from

Please tick as appropriate:

	YES	NO
I/WE 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	☐	☐
I/WE confirm that my child suffers from ASTHMA and will provide a named inhaler to be kept in school at all times for my child's use.	☐	☐

Home-School Agreement Acceptance

I/We hereby request a place at Edenhurst Preparatory School for (full name of child) with effect from (date):

and **enclose £575** (£75 non-refundable Registration Fee and £500 Deposit).

Please tick as appropriate:

	YES	NO
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 can be found on the School website.	☐	☐
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.	☐	☐
I/WE give permission for my/our child to attend local trips out of the School that are part of the normal school routine, eg. minibus transport to the swimming baths, walking to St. Giles Church etc.	☐	☐
I/WE agree for the School staff to administer and seek Emergency First Aid in the event of an accident or illness, including taking my/our child to hospital to receive any treatment required.	☐	☐
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.	☐	☐
I/WE acknowledge that Edenhurst Preparatory School is committed to every child having safe and happy experiences with them. To ensure this, they monitor, and where necessary, seek advice to ensure my/our child's future.	☐	☐
I/WE understand that Child Safeguarding Policy and Procedures are in place within the School and are available for my inspection at any time.	☐	☐

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 Instagram).

Please tick as appropriate:

	YES	NO
I/WE give permission for my/our child's image to be used for external purposes for the School, Nursery and Bellevue Education Group.	☐	☐
I/WE give permission for my/our child's name to be used for external purposes in the local media alongside images.	☐	☐
I/WE agree to be jointly and severally responsible for the fees and to give at least one term's notice of leaving, in writing.	☐	☐

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

PARENT / CARER 1

Signed:

Date:

PARENT / CARER 2

Signed:

Date:

Please email the completed form to admissions@edenhurst.co.uk