

# CVS REGISTRATION FORM – RECEPTION ENTRY FROM THE CHELSEA NURSERY

As your child starts the transition from The Chelsea Nursery into Reception, we would like to update the information we hold for you. Please review the information pre-populated below and make and changes that are required.

<b>We request for a School place from:</b>		<i>(proposed start date)</i>
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<b>Your Child</b>					
Surname:		Gender:			
First names:		Preferred Name:			
Nationality:		Date of Birth:		Religion:	
Child's first language:		Additional languages spoken at home?			
Please confirm that your child has the right to study (if applicable please confirm immigration status)					
Have you registered your child's name at any other school(s) and if so, which?					

<b>Legal Parent/Guardian</b>					
Relationship to Child:					
Title: (e.g. Mr)		Surname:		First Name:	
Day/Work Telephone:		Evening/Home:		Mobile:	
Email address:					
Address:					
Postcode:					
Occupation:					
Employer's business name and address:					

<b>Legal Parent/Guardian</b>					
Relationship to Child:					
Title: (e.g. Mr)		Surname:		First Name:	
Day/Work Telephone:		Evening/Home:		Mobile:	
Email address:					
Address:					
Postcode:					

Occupation:	
Employer's business name and address:	

### Other persons with legal parental responsibility

Please provide the name(s) and current address(es) of any other person with parental responsibility (i.e. legal responsibility) for the above named child. Their consent to the child attending the School will be required if an offer of a place is made.

Title: (e.g. Mr/Mrs)		Full name:	
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Address:	
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Postcode:	
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Please mention here the names of any other members of the family attending the School or registered for entry; or any other connection with the School.

### DECLARATION

I / We understand that the School may obtain, process and hold personal information about me / us which may include financial information provided by me / us or by any licensed credit reference agency or information contained in any court orders, petitions or proceedings.

I / We understand that the School may also obtain, process and hold personal information about our child which may include sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child. The Privacy Notice is available from the School Office or from the School website.

	Parent	Parent
Signature:		
Name in full:	.....	.....
Date of birth:	.....	.....
Relationship to child:	.....	.....
Date:	.....	.....
	.....	.....

# REGISTRATION FORM – SCHOOL ENTRY

## Medical & Development Information Form

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Child's Full Name:

Date of Birth:

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Please provide us with any information that we do not currently hold in Nursery.

- any medical condition (including any long-term medication), health problem or allergy affecting your child
- any learning difficulty, disability, or special educational need of him / her, as well as any behavioural, emotional, language and / or social difficulty
- any other concerns you have

This will enable the School to consider any reasonable adjustments that it may need to make to assist your child to partake in the School's admissions procedure or when they enter the School.

Please provide us with as much detail as possible in the space below. Where applicable, please provide any relevant documentation such as medical reports, assessments etc

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Telephone : \_\_\_\_\_

**Child's Doctor's Surgery:**

- |  |                              |                             |                               |
|--|------------------------------|-----------------------------|-------------------------------|
| Does your child use an inhaler?              | YES <input type="checkbox"/> | NO <input type="checkbox"/> |                               |
| Does your child use an EpiPen?               | YES <input type="checkbox"/> | NO <input type="checkbox"/> |                               |
| Does your child have a visual impairment     | YES <input type="checkbox"/> | NO <input type="checkbox"/> | (if yes, please give details) |
| Does he/she wear glasses?                    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |                               |
| Does your child have any hearing impairment? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | (if yes, please give details) |

Does your child have any special dietary requirements (religious or medical) or diagnosed food allergies?

YES                       NO   
(if yes, please give details)

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