



ESTABLISHED 1929

Gosfield School

Nursery Registration Form

Thank you for taking an interest in Gosfield School. In order to register your son/daughter please complete this form and return to the Admissions Office.

This registration form does not give rise to a commitment by the school, or by the parents. The offer of a place is subject to availability and the entry requirements of the school at the time of the offer. Once we receive your registration we will contact you to arrange a time to come and visit us for a taster session.

CHILD'S DETAILS

First name (s) _____ Pupil's Legal Surname _____

DOB _____ Gender _____

Proposed start date _____ Session Type: Full Day / School Day / Morning /
Lunchtime / Afternoon (Please circle)

At age _____

Siblings: Brother(s)/ Sister(s) (Please circle) Sibling Name and DOB: _____

Permanent address _____

If the child is known by another name, please add here _____

Permanent Address _____

PARENTS

Title _____ Title _____

Full name _____ Full name _____

Occupation _____ Occupation _____

Home No. _____ Home No. _____

Work No. _____ Work No. _____

Email _____ Email _____

Does your child currently attend another Nursery? Please state present Nursery and address _____

Head Teacher/ Nursery Manager _____ Tel No. _____

Does your child have any medical requirements or health/food allergies that we should be aware of?

Yes/No *If Yes, please specify* _____

Do you currently have any concerns about your child's development?

Yes/No *If Yes, please specify* _____

Are there any special circumstances relevant to the applicant, such as a Court Order that we should be aware of?

Yes/No *If Yes, please specify* _____

Do you have parental responsibility? Yes/No *(If no, please provide written permissions from the person (s) with parental responsibility confirming they are in agreement with the application)*

Does another person (s) also have parental responsibility? Yes/No

Do they agree with the application being made? Yes/No

Are you privately fostering this child? Yes/No

Has your child ever been excluded from their current or previous schools – either fixed period (1 day, 2 days etc) or permanent exclusions? Yes/No

OTHER INFORMATION

Does your child have any statement of specific educational needs, or any additional learning support?

Yes/No *If Yes, please specify* _____

Please complete and return this form to the Admissions Office along with a non-refundable registration fee of £50.00.

Payment can be made by cheque, cash or by BACs

Sort Code 60-09-29

Bank Account number 42802180

Please use your surname as payment reference.

DECLARATION

I request that the name of the above mentioned child be registered as a prospective pupil of Gosfield School. I understand that my details will remain on the School's Database until I request removal. I understand that the £50.00 registration fee is non-refundable.

Name in Full (Capitals) _____

Relationship to Child _____

Signature _____ Date _____