

Date Valley School Trust Mitcham Court, Cricket Green, Mitcham, CR4 4LB Telephone: 0208 6484647

Email: <u>managingdirector@dvst.org.uk</u>

Registration Form

Academic Year _____

1. DETAILS OF CHILD		
Child's Surname:	First Name:	
Middle Name/s:	Preferred name:	
Date of Birth:/ Age as at 1 st September (for year of admission)		Girl
Mother Tongue:	Borough:	

Please remember to enclose a photo copy of your child's birth certificate.

Please list dates of birth and gender of any other children in the family:			
Date of Birth	M / F	Date of Birth	M / F

2. DETAILS OF PARENTS/GUARDIANS

Father/Guardian's Full Name:		
Address (including postcode):		
	Telephone:	
Father's Occupation:	Country of Origin:	
Father's email address:		
Mother/Guardian's Full Name:		
Address (including postcode):		
	Telephone:	
Mother's Occupation: (Please state even if no	ot working at present)	
Country of Origin:		
Mother's email address:		

Yes	No	

If you answered 'No' above, please indicate how you intend to pay the fee for your child during his/her stay in the school: ______

3. EMERGENCY CONTACTS – OTHER THAN PARENTS DETAILS IN SECTION 2

Please provide two different contacts in case of emergency:

Name:	_ Name:
Address:	Address:
Relationship with the Child:	Relationship with the Child:
Telephone:	Telephone:

4. DETAILS OF PREVIOUS SCHOOLS/NURSERIES

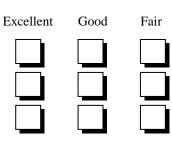
Name of School:	Name of School:
Address:	Address:
Borough:	Borough:
Telephone:	Telephone:
Dates Attended: From: To:	Dates Attended: From: To:
From Year:To Year:	From Year: To Year:
Name of Head Teacher:	Name of Head Teacher:

Please remember to enclose a photocopy of your child's reports(s) from his/her previous school(s).

5. UNDERSTANDING OF THE ARABIC LANGUAGE

Please tick as appropriate:

- How well does your child speak Arabic?
- How well does your child read Arabic?
- How well does your child write Arabic?



Poor

None

6. SPECIAL EDUCATIONAL NEEDS / ADDITIONAL NEEDS	S		
Has your child been identified with Special Educational Needs (SEN)? Has your child been on the SEN register in the past? Yes No Please give details of any additional needs or behavioural issues the school]
7. MEDICAL INFORMATION			_
Doctor's Name and full Address:			
Where did your child have pre-school development checks?			
Does your child have any medical conditions or problems (such as asthma, Please give details, including treatment and names of any specialists:	, diabetes, epilepsy, eo	czema, serious allerg	ies, etc.)?
Does your child have any dietary requirements (e.g. Soya, Gluten free etc.)	?		
Does your child require assistance/special care during school hours?	Yes	No	
If Yes, please specify:			
Is your child currently receiving medical treatment?	Yes	No	
If Yes, please specify the medication and dosage required:			
Does your child suffer from any of the following? (Please give details if kr	nown).		
- Asthma or Bronchitis	Yes	No	
- Recurrent Ear Infections	Yes	No	
- Febrile Convulsions (Fits)	Yes	No	
- Speech Defect	Yes	No	
- Hearing Defect	Yes	No	
- Bed-Wetting	Yes	No	
- Impaired Vision	Yes	No	
Please give details of any operations:			

Has your child had any of the following immunisations (injections)? (Please give details if known).

- Measles	Yes	No
- Mumps - Whooping Cough	Yes Yes	No No
- Rubella	Yes	No
- Diphtheria	Yes	No
- Tetanus	Yes	No
- BCG (Tuberculosis)	Yes	No
- Hib (Haemophilias Influenza)	Yes	No
- MMR (Measles, Mumps and Rubella)	Yes	No
- Pre-School booster (Diphtheria, Tetanus, Polio)	Yes	No
- Meningitis C	Yes	No
Is there anything else you would like to mention?		
In the case of emergency, can the school contact his/her doctor?	Yes	No

8. DECLARATION

I declare that all information provided in this application is correct to the best of my knowledge and belief. I am fully aware that provision of false and inaccurate information will result in refusal of admission or exclusion of my child from the school. In the event of my child being offered a place in the Date Valley School, I will abide by the Fee Regulations, relevant school policies, fulfil contractual obligation and any other rules and regulations that may be introduced during the time my child attends the School.

Signature:(Par	arent/Guardian) Date:
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Signature:	
Signature.	_

_(Parent/Guardian) Date: _____

CONDITIONS OF ENTRY

Date Valley School Mitcham Court, Cricket Green, Mitcham, Surrey, CR4 4LB

Name of Child:

Proposed starting date:

Nursery:

Sessions Required:

	No of sessions a week	Days (If you have a preference)
Morning		
Afternoon		
All day		

Reception and Primary children to attend full time.

Please read and sign the following as applicable:

Signed:

I enclose a registration fee of £50 nursery and reception / £100 Primary.

Signed:	Date:
Signed:	Date:

- I agree to pay the fees in full, one term in advance.
- I agree to give one term's written notice to the school of my child's leaving date, i.e. notice in writing at the beginning of the term in which the child is leaving, otherwise a term's fees will be payable, regardless of whether the child is still at the school.
- The Principal reserves the right to exclude the child at any time.
- Permanent registration of a child with SEN or additional needs will take place after a 1 month probationary period at the school.

Date:

Signed: Date:

I give permission for photographs of my child to be taken during the course of the school day. The photos will be used for the purpose of observations and informing existing parents of school activities. (If you do not give permission, please do not sign)

Signed:	Date:
Signed:	Date:

I give permission for my child to be taken out of school premises to the Canons Leisure Centre, around the Green and Mitcham High Street. All other visits off premises I expect to receive notice of and to consent individually.

Signed:	 Date:	•••••
Signed:	 Date:	•••••

In the event of an emergency, we will always try to contact you or your named contact immediately, but we would also be grateful if you could sign and date the following agreement. This permission is to cover the whole of the duration of my child attending Date Valley School and applies to both normal attendance and any educational visits. If there is an emergency that requires urgent hospital treatment, I expect a member of the school staff to accompany my child to hospital in the ambulance if I am unable to arrive at the time of the ambulance's departure from school.

Signed:	 Date:	
Signed:	 Date:	

Form updated 11/10/2018