



Westbourne Pre-School

Educating girls and boys for life



Pre-School Registration Form

Surname of child _____ Boy / Girl (please delete)

First Names (Please underline the name generally used) _____

Date of birth _____ Proposed date of entry _____

Nationality _____ Religion _____

Name & address of present Nursery/Pre-School _____

Please state how you first heard of the School. _____

Main language spoken at home. _____

In September 2017 the Government intends to allow parents to claim up to 30 free hours. This will be subject to certain Government restrictions with regard to earnings. It is our intention to offer these 30 LEA funded hours to those who are eligible, but 15 of the hours must be taken in afternoon sessions. If only taking 25 hours, then 10 must be in afternoon sessions and if only taking 20 hours, then 5 must be in afternoon sessions.

Which sessions would you like to book (please tick)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Please provide us with details of any medical condition (including allergies), disabilities or learning difficulty of your child. If applicable, please provide the most recent Education Psychologist's report.

It is a condition of acceptance that your child is toilet trained. If this is not the case please contact the school a month before the start date.

Ethnic Background Details - Our ethnic background describes how we think of ourselves. This may be based on many things including, for example our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth. Please tick one box only.

White				
British <input type="checkbox"/>	Irish <input type="checkbox"/>	Traveller of Irish Heritage <input type="checkbox"/>	Gypsy/Roma <input type="checkbox"/>	Any other White background <input type="checkbox"/>
Mixed				
White and Black Caribbean <input type="checkbox"/>	White and Black African <input type="checkbox"/>	White and Asian <input type="checkbox"/>	Any other mixed background <input type="checkbox"/>	
Asian or Asian British				
Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>	
Black or Black British				
Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	Any other Black background <input type="checkbox"/>		
Chinese <input type="checkbox"/>	Any other Ethnic background <input type="checkbox"/>			
I do not wish an ethnic background category to be recorded <input type="checkbox"/>				

This information was provided by: Parent Pupil

Notes

Early registration is recommended. Registrations will be considered in the order they are received. Offers of places are subject to availability and the admission requirements of the School at the time offers are made. A copy of the current edition of the terms and conditions will be supplied on request.

MOTHER (or other person having parental responsibilities/guardian)

Title _____ Name in full _____

Address _____

Occupation _____ Relationship to child _____

Daytime telephone _____ Evening Telephone _____

Mobile telephone _____ E-mail address _____

FATHER (or other person having parental responsibilities/guardian)

Title _____ Name in full _____

Address _____

Occupation _____ Relationship to child _____

Daytime telephone _____ Evening telephone _____

Mobile telephone _____ E-mail address _____

DECLARATION

We request that the name of our above-named child be registered as a prospective pupil. We understand that this does not secure our child a place at the school but does ensure that our child will be considered for admission to the school. We understand that the terms and conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School. We understand also that the School (through the Head, as the person responsible) may obtain, process and hold personal information about our child, including 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.

First Signature: _____ **Second Signature:** _____

Name in full: _____ Name in full: _____

Relationship to the Child: _____ Relationship to the Child: _____

Date: _____ Date: _____

This form should be completed and sent to the Registrar.

For office use only. PASS Excel