

Registration Form

Registration details Please complete this form in BLOCK CAPITALS and return to the School Secretary

Your family appointment with the Headmaster was on.....

Term you wish your child to start.....Class.....

Child's Name.....Date of Birth.....

Father's Name.....Date of Birth.....

Occupation.....Work Tel.....

Mother Name Miss/Mrs/Ms.....Date of Birth.....

Occupation.....Work Tel.....

Address where the child lives.....

Tel No.....

Email Home.....Email Work.....

If child lives with someone other than the natural mother or father please indicate

Name.....Occupation.....Work Tel.....

Relation to the child.....

Emergency Tel No (local relative or neighbour).....

Name and address of school/playgroup attended (if applicable).....

.....Tel No.....

Does your child suffer from any condition that may require our attention?.....

Does your child have any special educational needs or learning difficulties?.....

Religion and denomination: Parents.....Child (if different).....

The minimum number of sessions that your child is able to attend will be 5 sessions; this can be 5 morning sessions, 5 afternoon sessions or a minimum of 3 days.

Please indicate if your child will be full-time or part time (Part time is only offered in the nursery)

At what age do you intend your child to leave The Pointer School?.....

General Remarks (things that we need to know).....

I/We have carefully read the school prospectus and all attached general rules and conditions relevant to my/our son/daughter's admission. I/We agree to support the general rules and conditions as described. Furthermore I/we agree to be bound and adhere to rules regarding advance fee paying and that in the absence of one full term' notice of removal in writing, a terms fee will be payable.

I/We request that my/our child be registered as a candidate for admission to The Pointer School and enclose the Registration Fee of £100 (payable to The Pointer School) which I/We understand is not refundable. Upon acceptance into the school a £1000 deposit is charged, The £1000 Deposit will be repaid on completion of your child's education (which the school understands to be Year 6) if all outstanding books/equipment have been returned and any outstanding charges have been paid. I/We understand that this deposit is non-refundable if I/we do not subsequently take up the offer of a place. I/We confirm that any and all information that I/we have provided to The Pointer School in respect of my/our son/daughter is true, accurate and complete in all material respects and I/we accept responsibility for all fees incurred.

Signed.....Date.....

Father/Guardian*

Signed.....Date.....

Mother/Guardian*

And/or person responsible for paying the fees

e.g. parent/uncle/grandparent * please delete as appropriate.....

Date.....

If applicable, both parents/guardians and persons responsible for the payment of fees should sign and return this form, together with the Registration Fee, to the School Secretary at the address below.

Data Protection: We understand also that the school (through the Head, as the person responsible) may obtain, process and hold personal information about our child including 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.

Medical Questionnaire

Child's Name.....

Date of Birth.....

Has your child attended a doctor in the past year?.....

If yes, for what reason?.....

Has your child ever attended a specialist or been admitted to hospital?.....

If yes, for what reason?.....

Has your child had any illness? If yes, please list.....

Has your child had regular immunisations?.....

Has your child had regular tests or eyesight?.....

Has your child had regular test of hearing?.....

Is your child taking any regular medication? If yes, please list.....

Does your child receive regular dental examinations?.....

Number of brothers and sisters?.....

Do they have any health problems? If yes, please describe.....

Name and address of child's doctor?.....

Emergency telephone number.....

Are there any other health problems that concern you, particularly any which might affect your child's educational performance?.....

Any other relevant information (for example allergies, eating problems).....

Emergency Treatment Authorisation

I/We give The Pointer School and its staff permission for my child to be treated by a doctor in a medical emergency.

I am also in agreement that staff may put plasters on bumps and bruises as necessary (unless the school has been informed of a likely allergic reaction)

Should there be a serious accident at school the following procedure will be followed.

The school secretary will telephone you to inform you of the situation. If you are not immediately available we will take your child to the Queen Elizabeth Casualty Unit (our nearest) or "minor Incidents" at the Blackheath Hospital* which is a private hospital in Independents Road, Blackheath, SE3 9LF (tel. 0208 297 4500) We will, of course, arrange to meet you at the appropriate hospital.

(Please ensure you sign this emergency treatment authorisation and more importantly that we always have your up-to-date contact telephone numbers)

The school has an ample number of staff who are trained as First Aiders.

*The school prefers this option as treatment is usually immediate. The school will bear the cost of the initial consultation only. Any additional costs relating to on-going treatment should be paid by the parents or guardians of the child.

SIGNED.....DATE.....
(PARENT OR GUARDIAN)