

**HAMD HOUSE SCHOOL
RECEPTION
Bordesley Green
730 Bordesley Green,
Birmingham, B9 5PQ
Tel. 0121 678 1014**

FOR OFFICE USE ONLY	
Birth certificate:	YES/ NO
Date Starting:	
EYPP Code if eligible	
Registration Fee and Date Signed by:	

PUPIL ENROLMENT FORM RECEPTION

THIS FORM SHOULD BE COMPLETED IN BLOCK CAPITALS AND RETURNED TO THE OFFICE WITH A COPY OF THE CHILD'S BIRTH CERTIFICATE AND THE ADMINISTRATION FEE OF £50. PLEASE NOTE: MAKING AN APPLICATION AND PAYING THE ADMINISTRATION FEE DOES NOT GUARANTEE YOUR CHILD A RECEPTION CLASS PLACE.

Child's name:		Date of Birth:	
Gender:	M / F	Ethnic Origin:	Religion:
Child's First language:		Disabled:	Yes / No
Home Address:	Home Telephone Number:		
Postcode:	Mobile(s):		
	Email (compulsory):		

Name of Parent / Carer (1):	Name of Parent / Carer (2):
DOB:	DOB:
Parent/ Carer (1) work address:	Parent/ Carer (2) work address:
NI Number:	NI Number:
Occupation:	Occupation:
Telephone Number:	Telephone Number:

Name of person(s) holding Parental responsibility :	
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Emergency Contact: (In the event of being unable to contact parents(s)/carer)

Name (1):	Name (2):
Address:	Address:
Telephone number:	Telephone number:
Relation to child:	Relation to child:

Name of People authorised to collect child other than those holding parental responsibility : (Must be 16+ and children will not be handed over to anyone other than those named, unless prior notification has been received)	1. 2. 3.
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Please name any children or siblings or family members residing in the same household that attend the School	Name	DOB	School/nursery	Relation to child

Name and address of present School or Nursery (if any) with the name of the Head Teacher
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Please give details of any special health problems affecting the child, or family circumstances of which the school should be aware:
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Additional Needs Information

Does your child have any additional needs? YES <input type="checkbox"/> NO <input type="checkbox"/>
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- | | |
|---|--|
| <input type="checkbox"/> Communication (speech and language)
<input type="checkbox"/> Sensory (visual, hearing)
<input type="checkbox"/> Learning difficulties | <input type="checkbox"/> Physical difficulties
<input type="checkbox"/> Behavioural problems
<input type="checkbox"/> Medical |
|---|--|

Please give any details about additional needs or any other information you would like to share:

Is your child involved with any outside agencies or professionals e.g. a Speech and Language Therapist, Occupational Therapist, 'Early Support', Child Development centre, Health Services, etc.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please give contact details:

Name:	Agency:	Tel number:

Does your child require special equipment or aids?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:	

Is your family involved with Family Support or CAF?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify and give contact details:	
Name:	Tel:
Does your child or family have a named social worker?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify and give contact details:	
Name:	Tel:

Medical Information	
Are your child's vaccinations up to date?	Please state any vaccinations not yet received
Does your child have any current medical conditions or take regular medication that we should know of?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify: 	
Does your child have any special dietary requirements?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify: 	
Does your child have any allergies that you are aware of?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify: 	
Full name and address of child's doctor:	Name and contact details of child's health visitor:
Tel:	Tel:

I give consent for my child to receive any medical treatment which is urgently necessary.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
I give permission for the nursery to contact and share information with outside agencies (i.e. the health visitor, speech therapist, physiotherapist, etc).	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
I give consent for photograph and video footage of my child to be used in Class (to support the EYFS curriculum).	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
I give consent for my child to go on local walks/outings. Please note trips and outings requiring transport will require separate consent prior to outing.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Proposed date of entry:	
Proposed length of stay:	

IN MAKING THIS APPLICATION FOR MY/OUR CHILD TO BE ADMITTED TO HAMD HOUSE SCHOOL AND HAVING READ THE SCHOOL PROSPECTUS I/WE UNDERTAKE:

- A. TO ABIDE BY THE RULES OF THE SCHOOL AND TO UPHOLD ITS TRADITIONS. THIS INCLUDES THE ACTIVE PROMOTION OF BRITISH VALUES WHICH INCLUDES: DEMOCRACY, RULE OF LAW, INDIVIDUAL LIBERTY, MUTUAL RESPECT AND TOLERANCE OF THOSE WITH DIFFERENT FAITHS AND BELIEFS.**
- B. TO ABIDE BY BRITISH LAWS/VALUES AND NOT EXPRESS ANY FORM OF EXTREMIST OR POLITICAL PARTISAN VIEWS.**
- C. TO PAY THE FEES BY THE FIRST DAY OF EACH TERM AND TO MEET ANY ADDITIONAL EXPENSES INCURRED AS THEY ARISE OR, IF SO CHARGED, TERMLY IN ARREARS.**
- D. TO GIVE FULL TERM'S NOTICE OF WITHDRAWAL IN WRITING BY THE FIRST DAY OF THE TERM AT THE END OF WHICH THE CHILD IS TO LEAVE. IN DEFAULT OF SUCH NOTICE I/WE AGREE TO PAY THE FOLLOWING TERM'S FEES,**
- E. TO FORFEIT THE REGISTRATION FEE SHOULD AN OFFER OF A PLACE AT THE SCHOOL NOT BE TAKEN.**

PLEASE NOTE: MAKING AN APPLICATION AND PAYING THE ADMINISTRATION FEE DOES NOT GUARANTEE YOUR CHILD A RECEPTION CLASS PLACE

I have been made aware and understand that any carer who suspects that a child in his/her care may have been abused or neglected has a duty to report this to the Integrated Access Team.

Signed (parent/ carer):	1.	Date:
Signed (parent/ carer):	2.	Date:

Please indicate how you heard of Hamd House:

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