

THE HOWE GREEN EDUCATIONAL TRUST LIMITED

Registered Office:

Howe Green House, Great Hallingbury, Bishop's Stortford, Herts, CM22 7UF

Telephone: (01279) 501300 Fax: (01279) 501333

REGISTRATION FORM

For entry into Little Oaks Nursery School

TO BE COMPLETED BY THOSE WITH **PARENTAL RESPONSIBILITY**¹ FOR THE CHILD
PLEASE USE **BLOCK CAPITALS**

CHILD'S DETAILS

Surname of child:				Please attach photo here
First name(s) in full:				
Name generally used:				
Sex:	Boy: <input type="checkbox"/>	<input type="checkbox"/>	Girl: <input type="checkbox"/>	
Date of birth:				
Address of child's main residence including postcode:				
Nationality:	British: <input type="checkbox"/>			<input type="checkbox"/>
	Other European: <i>(please specify)</i>			<input type="checkbox"/>
	Other non-European: <i>(please specify)</i>			<input type="checkbox"/>
Religion:				
Proposed date of admission:				
Is English your child's first language? <i>(If not, please state his/her first language)</i>				

¹ Parental responsibility is defined in the Children Act 1989 as "all rights, duties, powers and responsibilities and authority which by law **a parent** of a child has in relation to the child and his or her property". It equates to legal responsibility for the child. If you have any doubts about whether you do or do not have parental responsibility for the child you may wish to seek legal advice.

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PARENTS' DETAILS

Relationship to child	Parent 1*		Parent 2*
Title:			
Full Name:			
Address:			
Occupation:			
Nationality:			
Home Telephone Number:			
Work Telephone Number:			
Mobile Telephone Number:			
E-mail address:			
Emergency Contact name & number: <small>Please state relationship to child</small>			

***If you have parental responsibility for the child in a capacity other than as a parent of the child, please state your relationship to the child here:**

.....

Please mention here the names of any other members of the family attending the School or registered for entry, or any other connection with the School:

.....

Please state name and address of present nursery or educational establishment (with date of entry):

.....

Name of Headteacher (or equivalent):

I consent that a reference can be sought from my child's current setting:

Yes No

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Are there any circumstances or conditions relating to your child of which the School should be aware? Please tick as appropriate:

Asthma		Allergies <i>(please specify below)</i>		Dyslexia	
Dyspraxia		Hearing impairment		Visual impairment	
Other <i>(please specify below)</i>					

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(Please enclose the most recent Education Psychologist's report, if you have one. Please also send us any relevant medical, special needs or other educational reports you may have).

I would like to book the following sessions subject to availability. I understand that if the requested sessions are fully booked my child's name will be placed on the waiting list for entry at a later date:

Session		Monday	Tuesday	Wednesday	Thursday	Friday
Morning	8:45am – 11:45am					
Afternoon	12:45 – 3.45pm					
Full day	8.45am – 3.45pm					
Lunchtime	11.45am-12.45pm					
Before school care	7.45am – 8.45am					
After school care	3.45 – 5.30pm					

DECLARATION

We (as the holders of parental responsibility for him/her) request that the name of the above-named child be registered as a prospective pupil of the School for entry into Little Oaks **AND** we enclose a copy of our child's birth certificate together with confirmation that our payment of the **non-refundable** Registration Fee of £75.00 has been paid by bank transfer to The Howe Green Educational Trust Limited, HSBC, Sort Code: 40-12-03 Account Number 71449826.

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By signing this Registration Form we understand, accept and agree that:

1. registration of our child as a prospective pupil does **not** secure our child a place in Little Oaks but does ensure that our child will be considered for selection as a pupil of Little Oaks;
2. if our child is offered a place in Little Oaks, such an offer will be subject to the School's terms and conditions (which incorporates Little Oaks) for the provision of educational services², which will bind us (as the holders of parental responsibility for him/her) in the event (and from the moment) that we accept the place;
3. if applicable, the School may request from our child's present nursery or educational establishment: (a) information and a reference in respect of our child; and/or (b) information about any outstanding fees and/or supplemental charges;
4. the School may process any personal data about us (or either of us) and our child, including sensitive personal data about our child (such as medical details), for the purposes of:
 - (i) administering its list of prospective pupils;
 - (ii) its registration, selection and/or admission procedures, including as set out above; and
 - (iii) communicating with the parents of prospective pupils about the School and generally managing relationships between the School and its prospective pupils.

<p>Signed by:</p> <p>.....</p> <p><i>(signature)</i></p> <p>.....</p> <p><i>(print name)</i></p> <p>.....</p> <p><i>(date)</i></p> <p>.....</p> <p><i>(relationship to child)</i></p>	<p>Signed by:</p> <p>.....</p> <p><i>(signature)</i></p> <p>.....</p> <p><i>(print name)</i></p> <p>.....</p> <p><i>(date)</i></p> <p>.....</p> <p><i>(relationship to child)</i></p>
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PLEASE NOTE: This registration form applies only to Little Oaks. If you require entry to the Reception Class of Howe Green House School, or beyond, the appropriate registration form and fee of £100 must be submitted. Places are offered in line with our Admissions Policy and secured with payment of a £500 Acceptance Fee.

² A copy of the current terms and conditions (known as the School's Parent Contract) is available for your information upon request at any time, but please note that the version of the parent contract supplied may be subject to change prior to the point in time when a place at the School for your child may be offered.