



Date Valley School Trust

Mitcham Court, Cricket Green, Mitcham, CR4 4LB

Telephone: 0208 6484647

Email: schoolmanager@datevalley.org

Registration Form

Academic Year _____

1. DETAILS OF CHILD

Child's Surname: _____ First Name: _____

Middle Name/s: _____ Preferred name: _____

Date of Birth: ____/____/____

Gender: Boy

Girl

Age as at 1st September (for year of admission) _____ Years _____ Months

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 not working at present) _____

Country of Origin: _____

Mother's email address: _____

Are you able to pay the full fee for your child? 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 PARENT DETAILS COMPLETED 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:

	Excellent	Good	Fair	Poor	None
- How well does your child speak Arabic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How well does your child read Arabic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How well does your child write Arabic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. SPECIAL EDUCATIONAL NEEDS / ADDITIONAL NEEDS

Is your child on the Special Educational Needs (SEN) register at his / her current school? Yes No

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 needs to be aware of: _____

7. MEDICAL INFORMATION

Doctor's Name and full Address: _____

Telephone: _____

Where did your child have pre-school development checks?

Does your child have any medical conditions or problems (such as asthma, diabetes, epilepsy, eczema, serious allergies, etc.)? Please give details, including treatment and names of any specialists:

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 known).

- Asthma or Bronchitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- Recurrent Ear Infections	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- Febrile Convulsions (Fits)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- Speech Defect	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- Hearing Defect	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- Bed-Wetting	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- Impaired Vision	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please give details of any operations: _____

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

- Measles	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- Mumps	Yes <input type="checkbox"/>	No <input type="checkbox"/>

- | | | |
|---|------------------------------|-----------------------------|
| - Whooping Cough | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - Rubella | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - Diphtheria | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - Tetanus | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - BCG (Tuberculosis) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - Hib (Haemophilias Influenza) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | |
| - MMR (Measles, Mumps and Rubella) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - Pre-School booster (Diphtheria, Tetanus, Polio) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - Meningitis C | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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: _____ (Parent/Guardian) Date: _____

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:

- 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.

Signed: **Date:**

Signed: **Date:**

- I give permission for photographs of my child to be taken during the course of the school session. The school will guarantee that these photos will only be used for the purpose of information for existing parents or new parents. (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 the school premises to the playground and around the park for walks and other play and sporting activities. 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:**