Head of Senior School Anna King M.Ed, M.A. (Cantab), P.G.C.E

Prep School Headmistress Mrs Amélie Morgan MA BA (Hons) PGCE

Pudii's Details.



Please continue overleaf

## **Nursery Registration Form**

## ENROLLING NOW FOR 2019 AND 2020

APPLICATIONS TO THE NURSERY ARE WELCOME ALL YEAR ROUND, SUBJECT TO AVAILABILITY OF SPACES.

WAITING LISTS MAY BE IN OPERATION.

TOTIL S DETAILS.	1		T	
Forename:	Middle Name:		Legal Surname:	
Preferred Forename: (known as)	Preferred Surname:		Date of Birth:	
Home Address:	Tel No Home:		Main email contact:	
	Tel No Mobile:		<u> </u>	
Postcode:	Ter No Mobile.			
Religion:	Nationality:		Passport Issuing Authority (if non-EU):	
First Language:		Additional Lar	odilades.	
(if not English)		(spoken at home)	juages.	
ADMISSION DETAILS:				
Expected Date of Admission:	Expected year group	o on entry:	Age at expected entry date:	
Present School:				
School Name:	Address		Headteacher's Name:	
	Postcode:			
	T concode.			
PARENT DETAILS: MOTHER	1		1	
Forename:	Title and Legal Surna	me:	Email Address:	
Tel No. Home:	Tel No. Mobile:		Occupation:	
Home Address (if different from child):				
Postcode:				
PARENT DETAILS: FATHER				
Forename:	Title and Legal Surna	me:	Email Address:	
Tel No. Home:	Tel No. Mobile:		Occupation:	
Home Address: (if different from child/moth	ner)			
Postcode:				

If your son or daughter has a Learning Di		dical Difficulty, it is <b>essential</b> that you provide details please.			
Do you have documentation relating to your son or daughter's education, such as an Educational Psychologist assessment report, auditory or visual report, ECHP, or other educational, behavioural or relevant medical report?   yes  no If yes to either of the above, or if there are other circumstances of which we should be aware, please give details and enclose supporting documentation.					
Please use a continuation page if neces	sary.				
CURRENT OR PRIOR CONNECTIONS WITH NO	TRE DAME SCHOOL (EG. FAM	illy, Siblings, Past Pupils etc.):			
Please give details:					
DID YOU ATTEND ONE OF OUR OPEN DAYS?  Please circle: YES NO	If Yes, date attended:				
How DID YOU FIRST HEAR ABOUT OUR SCHOOl From existing pupil/parent	)L? — PLEASE TICK	Advertisement – please specify:			
I/we already have a pupil at the so	chool				
Word of mouth Signage at entrance to school		Other – please specify:			
Any Other Information:					
	 d like to include inlease er	nter below and use a continuation page if necessary:			
, ,	, <b>,</b> ,				
WE WOULD LIKE TO CONTACT YOU FROM TIM  I/we would like to be contacted with sche					
I/we are happy to be contacted by: $\Box$	l email 🛮 post 🗖 telept	hone (please tick any or all as preferred)			
		please email 'Stop' to <u>admissions@notredame.co.uk</u> DERSTAND HOW WE COLLECT, USE AND PROTECT PERSONAL DATA.			
		·			
PARENTS' SIGNATURES:  Name:	Signed:	Date:			
Name:	Signed:	Date:			
•	, ,	7 TO 13) IS PAYABLE ON SUBMISSION OF THIS FORM. THANK YOU. 2 - PLEASE MAKE CHEQUES PAYABLE TO 'NOTRE DAME SCHOOL'			
ENCLOSED (PLEASE TICK AS APPLICABLE):					
EQUAL OPPORTUNITIES FORM   LEADNING OR MERIOAN PIECE IN THE CONTRACTOR OF THE PIECE IN THE PIECE		REGISTRATION FEE ENCLOSED ☐ FEE PAID DIRECTLY ☐ CONTINUATION PAGE ☐			
LEARNING OR MEDICAL DIFFICULTY OR DISABILI	IT DOCUMENIATION L	CONTINUATION PAGE LI			
Please return to: Admissic	ons Office, Notre Dame S	chool, Burwood House, Cobham, KT11 1HA			



## **NURSERY SESSION PREFERENCES**

Please tick in the boxes below with your first choice for sessions you would like your child to attend in the Nursery. We will try to accommodate your request where possible but this cannot be guaranteed.

The minimum attendance required is three mornings a week and we hope that children will attend at least six sessions to prepare for full time school when they turn 3. Please note that a full term's notice is required for any reduction in the number of sessions attended.

	Morning from 8.40 – 12 Noon finish	Morning from 8.40 – 1.00pm finish	Full day from 8.40 -3.15pm finish	Early Birds Breakfast Club 8.00 –8.40am	Night Owls 3.15 – 5.30pm (4.15pm on Fridays)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					4.15 pm Finish

## **EQUAL OPPORTUNITIES**

Please tick the appropriate description below to indicate your ethnic group. This information is requested to monitor compliance with the law and our equal opportunity and non-discrimination policy. It is not used during our admissions process.

A WHITE  □ British □ Irish □ Any other White background, please write in:
B Mixed Race  ☐ White and Black Caribbean  ☐ White and Black African  ☐ White and Asian  ☐ Any other Mixed Race background, please write in
C Asian or Asian British  ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Any other Asian background, please write in:
D BLACK OR BLACK BRITISH  ☐ Caribbean ☐ African ☐ Any other Black background, please write in:
E CHINESE  ☐ Chinese
FOTHER ETHNIC GROUP  Any other background, please write in: