Senior School Headmistress Mrs Anna King MEd MA (Cantab), PGCE

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



NURSERY REGISTRATION FORM

PLEASE COMPLETE THE NURSERY SESSION REQUEST FORM ON PAGE 3

Information which is mandatory for you to provide is indicated below by an asterisk * Failure to complete these sections in full this may Jeopardise or delay your application

PUPIL DET	AILS:				
Forenam	ne*:	Middle Name*:		Legal Surname*:	
Preferred Forename: (known as) Preferred Surnam		:	Date of Birth*:		
Home A	ddress*:			Gender:	
				Religion:	
Postcode	e*:			Nationality*:	
First Language: (if not English)		Additional Languaç (spoken at home)	ges:	Passport Issuing Authority:	
ADMISSIC	ON DETAILS:			•	
Expecte	d Date of Admission:		Age at expecte	l entry date:	
PRESENT I	NURSERY (IF APPLICABLE):				
Nursery 1	Name:		Address:		
			Postcode:		
PARENT 1	DETAILS:				
Title*:	Forename*:	Legal Surname*:		Email Address*:	
Tel No. Mobile*:		Tel No. Home / Wo	rk:	Occupation:	
Home A	ddress (if different from Child / Oth	ner Parent)*:			
Postcod	e*;				
PARENT 2	DETAILS:				
Title*:	Forename*:	Legal Surname*:		Email Address*:	
Tel No. N	Mobile*:	Tel No. Home / Wo	rk:	Occupation:	
Home A	ddress (if different from Child / Oth	ner Parent)*:			
Postcod	e*:				
	R PERSON WITH PARENTAL RESPO	ONGIBII ITV:			
Title*:	Forename*:	Legal Surname*:		Email Address*:	
Tel No. Mobile*:		Tel No. Home / Wo	rk:	Occupation:	
Home A	ddress (if different from Child / Oth	ner Parent)*:	Relationship to	Child*:	
Postcode	e*:				
			-		

	OR DISABILITY:			
If your daughter/son has a Learning D	Difficulty, Disability or a Media	cal Difficulty, it is essential that	you provide these details.	
Does your daughter/son currently receive Learning Support at school or outside school:			☐ yes ☐ no	
Do you have documentation relating report, auditory or visual report, ECHP			=	
If yes to either of the above, or if there are documentation.	e other circumstances of which	we should be aware, please giv	e details and enclose supportin	
ANY OTHER INFORMATION:				
If there is any other information you w	vould like to include, please	enter below and use a contir	nuation page if necessary:	
COMMUNICATION PREFERENCES:				
WE WOULD LIKE TO CONTACT YOU FROM I/we would like to be contacted with			NG EVENTS ☐ yes ☐ no	
If subsequently you would like to opt of PLEASE REFER TO OUR DATA PROTECTION POLICE.				
From existing pupil/ parent	SCHOOL? — PLEASE IICK	Attended an Open Event	– please give date:	
I/ we already have a pupil at the	e school	A - h - a - h - a - a - a - a - a - a - a		
Word of mouth		Advertisement – please specify:		
Signage at entrance to school			333.171	
Signage at entrance to school			,	
PAYMENT OF REGISTRATION FEE: A NON-REFUNDABLE FEE OF £150 IS PAY BANK DETAILS: BARCLAYS BANK ACCT NAN IBAN NO. GB76BARC2092	ME: NOTRE DAME SCHOOL COBHAI 29603566692 SWIFT NO.: BAI	и Sort Code 20-92-96 Acct RCGB22		
PAYMENT OF REGISTRATION FEE: A NON-REFUNDABLE FEE OF £150 IS PAY BANK DETAILS: BARCLAYS BANK ACCT NAM	ME: NOTRE DAME SCHOOL COBHAI 29603566692 SWIFT NO.: BAI	и Sort Code 20-92-96 Асст		
PAYMENT OF REGISTRATION FEE: A NON-REFUNDABLE FEE OF £150 IS PAY BANK DETAILS: BARCLAYS BANK ACCT NAN IBAN NO. GB76BARC2092	ME: NOTRE DAME SCHOOL COBHAI 296035666692 SWIFT NO.: BAI	и Sort Code 20-92-96 Acct RCGB22		
PAYMENT OF REGISTRATION FEE: A NON-REFUNDABLE FEE OF £150 IS PAY BANK DETAILS: BARCLAYS BANK ACCT NAN IBAN NO. GB76BARC2092 I/WE CONFIRM THAT WE HAVE MADE PAYMENT O	ME: NOTRE DAME SCHOOL COBHAI 296035666692 SWIFT NO.: BAI	и Sort Code 20-92-96 Acct RCGB22		
PAYMENT OF REGISTRATION FEE: A NON-REFUNDABLE FEE OF £150 IS PAY BANK DETAILS: BARCLAYS BANK ACCT NAN IBAN NO. GB76BARC2092 I/WE CONFIRM THAT WE HAVE MADE PAYMENT OF	ME: NOTRE DAME SCHOOL COBHAI 29603566692 SWIFT NO.: BAI DN	и Sort Code 20-92-96 Acct RCGB22	NO. 03566692	
PAYMENT OF REGISTRATION FEE: A NON-REFUNDABLE FEE OF £150 IS PAY BANK DETAILS: BARCLAYS BANK ACCT NAN IBAN NO. GB76BARC2092 I/WE CONFIRM THAT WE HAVE MADE PAYMENT OF PARENTS' SIGNATURES: (ELECTRONIC SIGN Parent 1 Name:	ME: NOTRE DAME SCHOOL COBHAI 29603566692 SWIFT NO.: BAI DN NATURES CANNOT BE ACCEPTED) Signed:	и Sort Code 20-92-96 Acct RCGB22	NO. 03566692 Date:	

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NURSERY SESSION REQUEST FORM

PUPIL DETAILS:							
Child's Name:	Date of Birth:	Expected Start Date:					

Please confirm your Nursery sessions choices for the child named above. Please note that these sessions **cannot be secured** until the acceptance documentation and deposit have been received from you and this will be subject to the availability of places at that time. Later modifications to session choices can be made prior to your child's start date, again subject to the availability of places at that time.

Please note that a full term's notice is required for any reduction in the number of sessions attended.

[insert ✓]	Early Birds 7.30-8.30am	Breakfast Club 8.00-8.30am	Morning Only 8.30am-1.00pm	Standard Day 8.30am-4.00pm	Extended Day 8.30am-6.00pm
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					