



**Castle Hill Primary School
NURSERY CLASS REGISTRATION FORM**

PLEASE PRINT THE FOLLOWING INFORMATION CLEARLY

Child's surname:	First name[s]:
Middle name[s]:	Date of birth:
Child's address:	Name of child's doctor: Doctor's address:
Postcode:	Postcode:
Telephone number:	Telephone number:
Home language:	Health visitor:
Religion:	Clinic:
Ethnicity:	Home Email:

Contact details for parent / carers

Parents' name: Address:	Where there is a different address for one parent, please give details: Address:
Postcode:	Postcode:

Details of the child's brothers or sisters:

Names	Date of birth	Attend Castle Hill?

PLEASE PROVIDE THE FOLLOWING BACKGROUND INFORMATION ABOUT THE CHILD

Has your child previously attended a playgroup? If so please give the name and dates.

Does he / she have any special educational needs? If so please give brief details.
[E.g. difficulties with speech, movement, vision or hearing]

Has your child been seen by a speech and language therapist?

Has your child been seen by an educational psychologist?

Any other medical information should be added overleaf.

I will inform the school if I no longer wish my child's name to be on the waiting list or if the home address changes.

I understand that the completion of this form does not guarantee a place in the nursery, as places are allocated in line with the school's nursery admission policy.

Signed: _____ Relationship to child: _____

OFFICE USE ONLY

Birth Certificate/Passport:	Proof of Address:	Signed:
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