



Registration Form

| | |
|---------------|-----------------|
| Name of Pupil | OFFICE USE ONLY |
|---------------|-----------------|

| | |
|------------|-----------------|
| Entry Date | OFFICE USE ONLY |
|------------|-----------------|

PLEASE ANSWER ALL SECTIONS IN FULL USING BLOCK CAPITALS

| | | |
|----------------|---------------------------------------|------------------------------------|
| Nursery School | <input type="checkbox"/> Cobham Close | <input type="checkbox"/> West Side |
|----------------|---------------------------------------|------------------------------------|

| | |
|------------------|--|
| Surname of Pupil | |
|------------------|--|

| | |
|-----------------------|--|
| First Names (in full) | |
|-----------------------|--|

| | |
|--|--|
| Preferred Name (if different from above) | |
|--|--|

| | | | |
|---------------|--|--------|--|
| Date of Birth | | Gender | |
|---------------|--|--------|--|

| | |
|--------------------------|--|
| Languages Spoken at Home | |
|--------------------------|--|

| | |
|---|----------------|
| Christian and Surname of Parent(s) | Or Guardian(s) |
| Mr / Mrs / Miss / Ms / Rev'd / Other | |
| Please advise the school in writing regarding any relevant information about custody of the child. | |



| | Father | Mother |
|---------------|----------------------|----------------------|
| Occupation | <input type="text"/> | <input type="text"/> |
| Religion | <input type="text"/> | <input type="text"/> |
| Address | <input type="text"/> | <input type="text"/> |
| Home number | <input type="text"/> | <input type="text"/> |
| Work number | <input type="text"/> | <input type="text"/> |
| Mobile number | <input type="text"/> | <input type="text"/> |
| Email address | <input type="text"/> | <input type="text"/> |

| Name of present nursery / childcare (if applicable) | <input type="text"/> |
|--|----------------------|
| Contact details of present nursery / childcare (if applicable) | <input type="text"/> |
| Name of sibling(s) | <input type="text"/> |
| Date of birth of sibling(s) | <input type="text"/> |

Do you have any special concerns about your child?

Have any concerns been expressed at nursery or childcare?

Have you visited an outside agency eg. Speech Therapist?
If so, please attach relevant reports.

Is there a medical condition that the school needs to know about (eg. allergies, asthma)?

Date of last tests for

Hearing:

Sight:

Please give details of any problems relating to the tests

Please confirm that you are happy to support the school's policies and decisions

please tick to confirm

Signed:

Date:

Please return this form together with:

- A certified copy of your child's birth certificate
- The most recent reports from your child's current nursery / childcare (if applicable)
- Non refundable registration fee

TO

Admissions Registrar
Noah's Ark Nursery Schools
106 Northcote Road
London SW11 6QW

The Admissions Registrar will contact you when your application has been processed. In the meantime, please call if you have any queries. If you have not yet had the chance to visit the nursery school, please contact the Admissions Registrar to arrange a visit during term time.

Email: admissions@dolphinschool.org.uk **Phone:** 020 7924 3472 **Fax:** 020 8265 8700

FOR OFFICE USE ONLY

| | | | |
|----------------------------|--|-----------------------------|--|
| Name of Pupil | | Sibling / Dolphin / Staff | |
| Entry Date | | Visit Date | |
| Date Received | | Acceptance Deposit Received | |
| Registration Fee Received | | Acceptance Form Received | |
| Offer of Place Letter Sent | | Waiting List | |
| Confirmation Letter Sent | | French lessons | |
| Birth Certificate Received | | Pupil Number | |