

Registration Form

POINTERS

Registration details Please complete this form in BLOCK CAPITALS and return to the School Secretary

Term you wish your child to start Class.....

Child's name Date of Birth..... Age M/F (please delete as appropriate)

Father's name..... Occupation Work Tel

Title Date of Birth

Mother's name Occupation Work Tel

Title Date of Birth

Address where child lives Tel No.....

Email Home Email Work

If child lives with someone other than the natural mother or father please indicate

Name Occupation Work Tel

Relation to the child

Emergency Tel No (local relative or neighbour)

Name and address of school/playgroup attended (if applicable)

..... Tel No.....

Does your child suffer from any condition that may require our attention?

Does your child have any special educational needs or learning difficulties?.....

Religion and denomination: Parents Child (if different)

The minimum number of sessions that your child is able to attend will be 5 sessions, this can be 5 morning sessions, 5 afternoon sessions or a minimum of 3 full days.

At what age do you plan that your child should leave the Pointer School?

General remarks (things that we need to know).....

I/We have carefully read the school prospectus and all attached general rules and conditions relevant to my/our son/daughter's admission. I/We agree to support the general rules and conditions as described. Furthermore I/we agree to be bound by and adhere to rules regarding advanced fee paying and that in the absence of one full term's notice of removal in writing, a term's fees will be payable.

I/We request that my/our child be registered as a candidate for admission to The Pointer School and enclose the Registration Fee of £50 (payable to The Pointer School) which I/we understand is not refundable. Upon acceptance into the school a £500 deposit is charged. The deposit of £500 will be repaid on completion of your child's education if all outstanding books/equipment have been returned and charges have been paid. I/we understand that this deposit is non-refundable if I/we do not subsequently take up the offer of a place.

I/We confirm that any and all information that I/we have provided to The Pointer School in respect of my/our son/daughter is true, accurate and complete in all material respects. AND I/We accept responsibility for all fees incurred

Signed Date.....

Father/Guardian*

Signed Date.....

Mother/Guardian*

And/or person responsible for paying the fees

e.g. parent/uncle/grandparent *please delete as appropriate.....

Date

If applicable, both parents/guardians and persons responsible for the payment of fees should sign and return this form, together with the Registration Fee, to the School Secretary at the address below.

Data Protection. We understand also that the school (through the Head, as the person responsible) may obtain, process and hold personal information about our child including information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child.

The Pointer School

19 Stratheden Road, Blackheath, London SE3 7TH Tel: (020) 8293 1331 Fax: 08717 143 161

Website: www.pointers-school.co.uk email: secretary@pointers-school.co.uk

Medical Questionnaire

Child's name

Date of Birth

Has your child attended a doctor in the past year?

If yes, for what reason?

.....

Has your child ever attended a specialist or been admitted to hospital?

If yes, for what reasons?

Has your child had any other illness? If yes, please list

.....

Has your child had regular immunisation?

Has your child had regular test of eyesight?

Has your child had regular test of hearing?

Is your child taking any regular medication? If yes, please list

.....

Does your child receive regular dental examinations?

Number of brothers and sisters

Do they have any health problems?

If yes, please describe

.....

Name and address of child's doctor

.....

Emergency telephone number

Are there any other health problems that concern you, particularly any which might affect your child's educational performance?

.....

Any other relevant information (for example allergies, eating problems).....

.....

SIGNED DATE

(PARENT OR GUARDIAN)

Emergency treatment authorisation

We need written permission from you for your child to be treated by a doctor in a medical emergency.

Staff at Pointers put plasters on bumps and bruises as necessary, but if there should be a serious accident at school the following procedure will be followed.

The school secretary will telephone you to inform you of the situation. If you are not immediately available we will take your child to the Queen Elizabeth Casualty Unit (our nearest) and arrange to meet you there. (Please make sure you have signed the 'emergency treatment authorisation' on the reverse side of your original registration form and more importantly that we always have your up-to-date contact telephone numbers).

The school has currently 24 members of staff who are trained First Aiders.