

# Nursery Class Registration Form

## September 2025

### High Down Infant School



Please read the Notes for Guidance on the back before completing this form.

<b>Child's Legal Surname</b> <input style="width:90%; height: 25px;" type="text"/>	<b>Child's Legal First Name(s)</b> <input style="width:90%; height: 25px;" type="text"/>						
<b>Chosen Surname if different from above</b> <input style="width:90%; height: 25px;" type="text"/>	<b>Chosen First Names(s) if different from above</b> <input style="width:90%; height: 25px;" type="text"/>						
<b>Date of Birth</b> <table style="display: inline-table; border: none;"> <tr> <td style="text-align: center;">Day</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> <td style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> <td style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> </tr> </table>	Day	Month	Year	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<b>Gender: (please tick box)</b> M <input type="checkbox"/> F <input type="checkbox"/>
Day	Month	Year					
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>					

**Name of Parent/Carer: Mr/Mrs/Ms/Miss** (delete as necessary)

**Home address**   
Postcode

<b>Telephone - Home</b> (include STD code) <input style="width: 250px; height: 25px;" type="text"/>	<b>Other – Daytime</b> (include STD code) <input style="width: 250px; height: 25px;" type="text"/>
<b>Mobile Number :</b> <input style="width: 250px; height: 25px;" type="text"/>	<b>E-mail:</b> <input style="width: 250px; height: 25px;" type="text"/>

**Family – please list all children in order with their dates of birth**

Name of child	Date of birth	School Attended

Are you applying for a place at a second school? If yes, the name of the school is .....	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the child "looked after" by a local authority? (sometimes referred to as "being in care")?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the child have a Statement of Special Educational Needs?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the child have identified learning difficulties, language needs or other special educational needs or a disability?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has the child been identified as having a health or social need which could be a barrier to future learning? Or is the child receiving sponsored day care provided by the Family Day Care Team?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes, please give brief details

  
  


**Parent's Declaration**  
 I understand that by signing the declaration below I will be confirming that all the details given above are to the best of my knowledge, correct.

**Signature**       **Date**

