



**LLOYD WILLIAMSON**  
SCHOOLS

**Child Registration Form**

If you wish to apply for a place for your child, please return this form with the registration fee of £100.00. Once a place has been formally offered at The Lloyd Williamson Schools, a deposit of £500.00 is payable.

**Child**

Pupil's Surname:..... Forenames:.....

Date of Birth:..... Year Group:.....

Nationality:..... Religion (optional):.....

**Parents and Guardians**

Name of Parent/Guardian One.....Occupation:.....

Address:.....

.....Postcode:.....

Tel. No.(home):.....(work).....(mobile).....

E-mail address.....

Name of Parent/Guardian Two.....Occupation:.....

Address (if different from the one above):.....

.....Postcode:.....

Tel. No.(home):.....(work).....(mobile).....

E-mail address.....

**Additional Information**

Names of present and previous Schools and period of time spent at each:

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Place required, to start in the.....Term 20.....

Please tick the appropriate department:

**PGT Nursery**  **Telford Road Nursery**  **Main School**   
**Term-Time Only**  **All-Year-Round**

Please tick/circle appropriate options (NURSERY ONLY):

Full Days  Morning  Afternoons   
Mon Tues Wed Thurs Fri



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**Special Circumstances**

Do both parents have parental responsibility for the child? Yes/No  
(If "No" please give details here or in a covering letter)

Do both parents agree that the child should attend the school? Yes/No  
(If "No" please give details here or in a covering letter)

Is there anyone else whose consent to the child coming to the school is required? Yes/No  
(If "Yes" please give details here or in a covering letter)

Is it proposed that anyone other than the parents will pay or guarantee payment of the fees? Yes/No

(If "Yes" please give details here or in a covering letter)

Please inform us in a covering letter if:

- a) The parents are separated or divorced.
- b) The person named in this form expects to change address during the next 12 months.
- c) There are any Court Orders, in relation to the child, for example as to parental responsibility, residence, contact, prohibited steps, specific issues or periodical payments; or in relation to the parents or if either parent is an undischarged bankrupt or subject or subject to an individual voluntary arrangement.
- d) The child may be unable to play a full part in the games and sporting curriculum of the School.
- e) There is any reason to suspect that the child has any learning difficulties or special educational needs, or if there is a family history of any learning difficulty.

It would be helpful to know how you learned of the School?

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**Declaration**

I / we apply for a place(s) for the above named child(ren) at The Lloyd Williamson Schools.  
 A non-returnable fee of £100.00 per child is payable on registration.  
 I / we understand a confirmation fee of £500.00 per child is payable, on confirmation of acceptance.  
 I / we understand that the standard Terms and Conditions of the School will undergo reasonable changes from time to time as considered appropriate and will apply in aligns with the school.  
 I / we accept in full the above statements.

**First Signature:**.....  
(Parent/Guardian One)

**Second Signature:**.....  
(Parent/Guardian Two)

**Name in Full:**.....

**Name in Full:**.....

**Relationship to Child:**.....

**Relationship to Child:**.....

**Dated:** ..... / ..... / .....

**Dated:** ..... / ..... / .....



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**Medical Information / Waiver Form**

Please note that all information provided in this form is confidential.

**Full Name of Child:** \_\_\_\_\_

**Sex:** Male / Female (please circle)

**Contact in case of emergency:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Work Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

**General Practitioner:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

**Immunisations:**

Whooping Cough	Yes / No	Diphtheria	Yes / No
Tetanus	Yes / No	Polio	Yes / No
Meningitis C	Yes / No	HIB	Yes / No
MMR	Yes / No		

Other Vaccinations: \_\_\_\_\_

**Health History:**

Does your child suffer from any illness or disability, which may impair their ability to participate in all areas of school life. Please give details below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Medical Information / Waiver Form cont...**

**First Aid / Emergency Care:**

I am willing to give my consent for an authorised member of staff to treat non-urgent and minor injuries.

I am willing to give permission for our child to be taken to hospital, admitted, investigated and treated if necessary with the consent of the individual representing The Lloyd Williamson Schools. We understand that every possible attempt will be made to contact us first and such measures will only be taken if we are unavailable or cannot be contacted to make such decisions.

\_\_\_\_\_ (Name) is to act in loco parentis pending our arrival.

Contact Numbers: \_\_\_\_\_

**Allergies:**

Any DRUG allergies known?

If yes please provide as much detail as possible:

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Any FOOD allergies known?

If yes please provide as much detail as possible:

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Any OTHER allergies? i.e. bee stings, chemicals, metals and materials: Yes / No

If yes please provide as much detail as possible:

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**Dietary Requirements:**

Please list below any relevant dietary requirements or problems. This may include for example, religious restrictions or ethical concerns.



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**Medical Information / Waiver Form cont...**

**Medications:**

Is your child taking any medication at present?

If yes please provide full details i.e. drug, condition it is treating, dosage, contra-indications, length of course, storage of drugs etc.

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If you wish / need the school to be responsible for the administration of any drugs during the school day then please provide separate, written, detailed information at the time or on your child's first day at school. It is NOT the schools responsibility to ask for this information.

Does your child require any reliever medicines for acute conditions, including Epipens or asthma drugs?

If yes, then I accept that it is my/our responsibility to ensure that the school is provided with relevant and up-to-date medication and it is not the duty of the school to remind parents.

**Please read this carefully and sign below:**

I/we authorise the school to administer any necessary medications to our child in accordance with the detailed written instructions I/we provide. These drugs will be clearly labelled with the child's full name and times of dosage. The school is not responsible for advising me/us of the exhaustion of the drugs supplied to them. I/we understand that the school cannot be held liable for omitting any dose or making other errors in administration of such drugs or the refusal of your child to take this medication when requested. The school will endeavour to advise us of any missed/refused etc. doses if possible.

**I / We have read and understood the Medical Information / Waiver Form and sign this in full acceptance of its stipulations and requirements:**

**First Signature:**.....  
(Parent/Guardian One)

**Second Signature:**.....  
(Parent/Guardian Two)

**Name in Full:**.....

**Name in Full:**.....

**Relationship to Child:**.....

**Relationship to Child:**.....

**Dated:** ..... / ..... / .....

**Dated:** ..... / ..... / .....