



APPLICATION FORM FOR ADMISSION TO NORMANTON HOUSE SCHOOL

Please complete in **BLOCK CAPITALS** in **BLACK**

Your child's details: (Please ensure all names are spelt correctly according to the child's birth certificate)

Surname: _____

Forename(s): _____

Date of Birth: _____ Gender: _____

Address: _____

Postcode: _____

Home telephone no.: _____

Siblings already at this school: _____

*Affix a
photograph of
your child
here*

Parent/Guardian's details: (We must have four contact numbers and the two emergency numbers must be available at all times)

Father's name: _____ Occupation: _____

Mobile number: _____

Mother's name: _____ Occupation: _____

Mobile number: _____

Emergency contact number 1: _____ Relation to child: _____

Name: _____ **(EMERGENCY CONTACTS MUST NOT BE PARENTS/GUARDIANS)**

Emergency contact number 2: _____ Relation to child: _____

Name: _____ **(EMERGENCY CONTACTS MUST NOT BE PARENTS/GUARDIANS)**

For office use only:

Date received: _____ Starting school on: _____ Year code: _____

Birth certificate Previous school report Photograph

Processing fee Receipt number: _____

Registered Waiting list Declined

Comments: _____

Form processed by: _____

Your child's medical details: (Please give as much detail as possible as this information enables the school to care for your child effectively)

Doctor's name: _____ Doctor's telephone number: _____

Doctor's address: _____

_____ Postcode: _____

Does the child suffer from any physical illnesses such as diabetes, asthma, eczema, etc? (full details please)

Does the child suffer from any mental conditions such as panic attacks, depression, paranoia, etc? (full details please)

Does the child suffer from any behavioural issues such as self harming, eating disorder, OCD, etc? (full details please)

Does the child have any special educational needs such as dyslexia, autism, hard of hearing, visual impairment, etc? (full details please)

Does the child suffer from any allergies? (full details please)

Is the child on any regular medication? (Full details please)

Your child's previous education: (This section must be completed in full for your application to be considered)

Present/previous school name: _____

School address: _____

_____ Postcode: _____

Dates of attendance: _____

Reason for leaving: _____

Other schools attended previously: (Most recent school first)

School name: _____

School address: _____

_____ Postcode: _____

Dates of attendance: _____

Reason for leaving: _____

School name: _____

School address: _____

_____ Postcode: _____

Dates of attendance: _____

Reason for leaving: _____

Declaration by parent/guardian:

I as parent/guardian of the above child formally accept the offer of a place for the child at Normanton House School starting from (dd/mm/yyyy) _____.

By accepting this offer I acknowledge that my child's place is dependent on her abiding by the rules and regulations of the school.

I also accept that payment due upon me must be paid, irrespective of whether my child is withdrawn from the school during the academic year, subject to the terms set out in the prospectus (as amended).

I give consent to Normanton House School to obtain any information regarding my child from any of his/her previous schools.

In order for us to process your application **we must have:**

- This **form fully completed** and signed
- The child's **previous school reports**
- The child's **birth certificate**
- A recent **photo** of the child
- The **admin processing fee** of £50.00

If any part of this form is incomplete or any of the attachments are missing then there will be a delay in processing your application.

Please fully complete and return this form to Normanton House School, Village Street, Derby, DE23 8DF. You will be notified of the schools decision as soon as possible after receipt of your complete application.

Full name of parent/guardian: _____

Signature: _____ Date: _____

1. DATA PROTECTION ACT 1984

In accordance with the requirements of the above named Act, any details held on computer are protected by law and must not be divulged without permission. As basic details such as name, address, date of birth etc. are held in this manner in school for use by e.g. the School Health Department, we ask you to agree to basic family details being made available for education and welfare purposes.

I agree to my family details being made available.

Signed: (Parent/Guardian)

Dated:

2. CHILD PROTECTION

The school is legally required to report any injury found on a pupil that they feel might be non-accidental. If your child is injured in any way outside school, it would be helpful to inform us of the cause to avoid any misunderstanding. Your child's class teacher will ask you about injuries. Parents will not be informed of concerns unless staff are certain that the safety of the child will not be affected by their doing so.

I accept the above statement.

Signed: (Parent/Guardian)

Dated:

3. SCHOOL OUTINGS/EDUCATIONAL VISITS

From time to time your child may be taken on short visit within the local area (e.g. to the shops, park or other location). So that is not necessary for you to give your permission every time your child is taken out, we ask you to sign below.

I understand that if my child is going on a school trip of any distance, I will be informed and asked to sign a separate permission slip. However, I now give my permission for my child to be taken on any local visit without my prior knowledge or the need of a separate permission slip.

Signed: (Parent/Guardian)

Dated:

4. HEAD LICE

In the event of an outbreak of head lice in school, I give my permission for my child's head to be examined and understand that if lice are found, my child will be sent home. It is my responsibility to treat the head lice before my child returns to school.

Signed: (Parent/Guardian)

Dated:

5. INTIMATE CARE

Sometimes children have little toilet 'accidents' in school and need changing.

I give permission for my child to be aided if necessary.

Signed: (Parent/Guardian)

Dated:

6. PHOTO/DIGITAL IMAGES

During the course of the school year, we may display images of your child by using photographs displayed around the school or digital images on screen. Your child's photo may also be displayed as part of a group on the school website carrying out day-to-day activities (although no names of children will be published).

I give my permission for my child's photo/image to be used by school.

Signed: (Parent/Guardian) Dated:

7. SCHOOL RESOURCES

School resources sent home for children to use must be treated carefully. Parents will be expected to replace items damaged at home.

I accept the above statement.

Signed: (Parent/Guardian) Dated:

8. Medical

I give permission for my child to have a plaster applied following a minor injury.

Signed: (Parent/Guardian) Dated:

In the case of an emergency and if the school cannot make contact with the parent, I give permission for the school to have responsibility for authorising medical treatment.

Signed: (Parent/Guardian) Dated:

9. COLLECTION FROM SCHOOL- OTHER THAN PARENT/CARER

My child will be collected from the school by:..... (over 16 years)

Relationship to the child/family:.....

Contact number:.....

Signed: (Parent/Guardian) Dated: