



**NORFOLK HOUSE SCHOOL**



**EXTRA TUITION REGISTRATION FORM**

**SECTION 1: PERSONAL DETAILS**

<b>Surname of Child</b>	
<b>First Name(s)</b>	
<b>Date of Birth</b>	
<b>Boy or Girl</b>	
<b>Ethnicity</b>	
<b>Religious Persuasion</b>	
<b>Name and Address of School</b>	
<b>Name of Father / Legal Carer</b>	
<b>Address</b>	
<b>Telephone Number (Home)</b>	
<b>Telephone Number (Mobile)</b>	
<b>Telephone Number (Work)</b>	
<b>Email Address</b>	
<b>Name of Mother / Legal Carer</b>	
<b>Address</b>	
<b>Telephone Number (Home)</b>	
<b>Telephone Number (Mobile)</b>	
<b>Telephone Number (Work)</b>	
<b>Email Address</b>	

**SECTION 2: EMERGENCY CONTACT DETAILS**

1. Please provide below the telephone number(s) on which the school can contact you in the event of an emergency:

<b>Type (e.g. Home, Work, Mobile etc.)</b>	<b>Telephone Number(s)</b>

2. Please provide the details of two persons (other than the child's parents / legal carers) who may be contacted in the event of an emergency. They should be reliable adults who have their own transport and are available at the time of your child's sessions.

**Person 1**

<b>Name</b>	
<b>Address</b>	
<b>Telephone Number (Home)</b>	
<b>Telephone Number (Mobile)</b>	
<b>Telephone Number (Work)</b>	
<b>Relationship to Child</b>	

**Person 2**

<b>Name</b>	
<b>Address</b>	
<b>Telephone Number (Home)</b>	
<b>Telephone Number (Mobile)</b>	
<b>Telephone Number (Work)</b>	
<b>Relationship to Child</b>	

**SECTION 3: YOUR CHILD'S MEDICAL CONDITIONS / NEEDS**

1. It is vital that we have up-to-date and accurate information about your child's health and any medication they are taking. Please provide below as much information as possible (if necessary, continue on a separate sheet and attach it to this form).

<b>Allergies</b>	
<b>Medical Conditions</b>	
<b>Prescribed Medication</b>  Please state the type of prescribed medication; its frequency and dosage; and whether or not you give school staff permission to administer it	    (It is your responsibility to provide the school with any medicines that are regularly required). <b>I give school staff permission to administer prescribed medication to my child as set out above:</b> <b>YES / NO</b>

2 In the event that your child sustains an injury or becomes ill at school, the school will make every effort to contact you.

3 Please answer the following question:

**I give school staff permission to administer basic first aid: YES / NO**

**SECTION 4: YOUR CHILD'S DIETARY REQUIREMENTS**

Does your child require a vegetarian	Yes / No
<b>Details of anything your child cannot eat for medical or religious reasons</b>	

**SECTION 5: COLLECTION OF YOUR CHILD**

1. Please provide below the details of two adults who are authorised by you to collect your child from the school.

**Person 1**

<b>Name</b>	
<b>Address</b>	
<b>Telephone Number (Home)</b>	
<b>Telephone Number (Mobile)</b>	
<b>Telephone Number (Work)</b>	
<b>Relationship to Child</b>	

**Person 2**

<b>Name</b>	
<b>Address</b>	
<b>Telephone Number (Home)</b>	
<b>Telephone Number (Mobile)</b>	
<b>Telephone Number (Work)</b>	
<b>Relationship to Child</b>	

2. In the event that neither you nor the adults mentioned above are able to collect your child, you attention is drawn to the school's Ad Hoc Collection Policy and Procedure (which is available on the school's website or in document form from the Headmistress).

**SECTION 6: USE OF THE INTERNET**

1. The school is equipped with computers which have access to the internet.
2. The school's internet provider offers a fully filtered service which allows access only to suitable websites.
3. Children are never allowed unsupervised access to the internet. A staff member will always be on hand to guide the children towards appropriate materials.
4. However, the school cannot guarantee that a child will not inadvertently access material which is inappropriate, inaccurate or potentially offensive.
5. In light of the above, please answer the following question:
6. **I give permission for the child named on this form to have supervised access to the internet for educational purposes: YES / NO**

**SECTION 7: DECLARATION**

1. I declare that the information provided in this Registration Form is correct and complete to the best of my knowledge and belief.
2. By signing this Registration Form and paying the applicable fee for the session(s) booked, I understand that a contract arises between me and the school which is governed by the Terms and Conditions for the time being in force. I agree to be bound by those Terms and Conditions.

<b>Signature of Father / Legal Carer</b>	
<b>Print Name</b>	
<b>Date</b>	

<b>Signature of Mother / Legal Carer</b>	
<b>Print Name</b>	
<b>Date</b>	