



HIGHFIELD COMMUNITY PRIMARY SCHOOL

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HIGHFIELD COMMUNITY PRIMARY SCHOOL NURSERY REGISTRATION FORM

Please complete and return to the school office.

Surname:	Legal Surname:
Forename:	Middle name:
Chosen name:	Gender:
Date of Birth:	
Address:	
Post Code:	
Telephone:	
Email:	

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted in an emergency.

Name/Relationship	Home Address/Phone/Mobile/Fax	Work Address Phone
	Tel: Mobile:	Tel: Mobile:
Name/Relationship	Home Address/Phone/Mobile/Fax	Work Address Phone
	Tel: Mobile:	Tel: Mobile:

Does your child have any siblings at Highfield CP School? If yes, please give their names below:

Medical Practice: Address: Telephone Number:
Medical Condition(s)
Medical Note(s)
Ethnicity : Home Language: Religion:
Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DfES.
Signature: Date: