

New Hope

Christian Academy

New Hope Christian Academy Registration Form Please complete this form in BLOCK CAPITALS and return to the School Term you wish your child start

.....Term.....year..... Child's name Date of Birth Age Child's name Date of Birth Age Child's name Date of Birth Age Father's name Occupation..... Work Tel..... Mother's name Occupation..... Work Tel..... Address where child lives..... Tel No..... If child lives with someone other than the natural mother or father please indicate..... Name Occupation..... Work Tel Relation to the child Emergency Tel No (local relative or neighbor) Name and address of school/playgroup attended (if applicable)

..... Tel No Does your child suffer from any condition that may require our attention? What Church do or your family worship at?

..... (Cont) Please submit written confirmation from your minister and your involvement with the church..... (If applicable).....

..... Extra subjects/options to be taken (e.g. piano/woodwind/drums/singing and voice training/ steel band tuition etc, extracurricular e.g. football, basketball, netball, hockey, Taekwondo, tap, ballet gymnastics clubs)

.....I/We have carefully read the school Handbook and all attached general rules and Conditions relevant to my/our son/daughter's admission. I/We agree to support the general rules and conditions as described. Furthermore I/we agree to be bound by and adhere to rules regarding advanced fee paying and that in the absence of one full term's notice of removal in writing, a term's fees will be payable.

I/We request that my/our child be registered as a candidate for admission to NHCA and enclose the Non returnable registration fee of £50 (payable to New Hope

Christian Academy). Upon acceptance into the school, a £350 deposit is charged, I/we understand that this deposit is non-refundable if I/we do not subsequently take up the offered place.

I/We confirm that any and all information that I/we have provided to New Hope Christian academy in respect of my/our Son/daughter is true, accurate and complete in all material respects. Signed

.....Date
.....

Father/Guardian*
SignedDate

.....
Mother/Guardian* *Please delete as appropriate -

If applicable, both parents/guardians should sign and return this form, together with the Registration Fee, to the School Secretary at the address below. (Please note that the school medical questionnaire and emergency treatment authorisation agreement needs to be completed and signed.)

Website: www.newhopechristianacademy.org.uk
email: admissions@newhopechristianacademy.org.uk

Medical Questionnaire Child's name
.....
..... Date of Birth

..... Has your child attended a doctor in the past year?
..... If yes, for what reason?
.....

.....
..... Has your child ever attended a specialist or been admitted to hospital?
..... If yes, for what reasons?
.....

..... Has your child had any other illness? If yes, please list
.....
..... Has your child had regular immunisation?
.....

..... Has your child had regular test of eyesight?
.....
..... Has your child had regular test of hearing?
.....

..... Is your child taking any regular medication? If yes, please list
.....
..... Does your child receive regular dental examinations?
.....

.....
Number of brothers and sisters
.....
..... Do they have any health problems?
.....

.....
..... If yes, please describe

.....
..... Name and address of
child's doctor

.....
..... Emergency telephone
number

..... Are there any other health problems that concern you,
particularly any which might affect your child's educational performance?

..... Any other relevant
information (for example allergies, eating problems

..... SIGNED
..... (PARENT OR GUARDIAN)

DATE

..... Medical Matters
I.....PARENT/GUARDIAN OF

..... GIVE MY PERMISSION FOR MY CHILD TO
RECEIVE EMERGENCY MEDICAL TREATMENT SHOULD HE/SHE REQUIRES IT.

SIGNED.....(PARENT/GUARDIAN)

DATE..... Emergency treatment authorisation We
need written permission from you for your child to be treated by a doctor in a
medical emergency.

Staff at New Hope Christian Academy put plasters on bumps and bruises as
necessary, but if there should be a serious accident at school a member of staff
would take the child involved to the local hospital. However, your child could not be
treated at the hospital, even for stitches to a cut, without parental permission. It is
school policy to contact parents whenever a teacher thinks a child is really ill, and if
a child has anything more than a trivial accident. However there are occasions every
term when parents have been unobtainable and this does give us cause for concern.
In order that your child can be treated in an emergency please complete the
authorisation below. It will only be used in a genuine emergency and after all the
telephone numbers on your child's record have been tried. This form would be
handed to a doctor so that your child could be treated as quickly as possible. Please
also note that parents should on no account bring to the school a child who has been
sick in the last 24 hours. Nor should they consider bringing a child who is looking ill
or is not fully recovered from a period of illness.