



# REGISTRATION FORM

All information will be treated as confidential and in line the GDPR practices. Please complete all sections in FULL and BLOCK CAPITALS IN BLACK INK.

Like all other schools we have a moral and legal duty to practice safeguarding to a high degree, this does involve us having a reporting duty to keep children safe. Please refer to our Safeguarding Policy and Privacy Policy on our website.

CHILD DETAILS			
Surname:			
	<input type="checkbox"/> Female <input type="checkbox"/> Male		
First Names:		Preferred Name:	
Date of Birth:		Proposed Start Date:	
First Language:		Language Spoken at Home:	
Nationality:		Days of attendance (Please circle)	Full Time – Part time – Mon   Tue   Wed   Thurs Fri
Who does the child reside with?			
PARENT/GUARDIAN DETAILS			
<b>Relationship to Child:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Fee Payer <input type="checkbox"/> Other			
.....			
Title:			
Surname:			
First Names:			
Home Telephone:		Mobile Telephone:	
Work Telephone:		Email Address:	
Date of Birth:		Occupation:	
<b>Relationship to Child:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Fee Payer <input type="checkbox"/> Other			
.....			
Title:			
Surname:			
First Names:			
Home Telephone:		Mobile Telephone:	
Work Telephone:		Email Address:	
Date of Birth:		Occupation:	
<b>Custodian Parent/Guardian if legally separated or divorced. Complete this section below only if there is a court order or residence agreement. In the absence of this, both parents are regarded as the admitting parents and must complete and sign this form.</b>			
Title:			
Surname:			
First Names:			
Home Telephone:		Mobile Telephone:	
Work Telephone:		Email Address:	
Date of Birth:		Occupation:	
Work Telephone:		Email Address:	



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*We will contact the parent named above to inform them of this application and include them in all subsequent correspondence as deemed necessary (only if in agreement with the parents).*

CURRENT / PREVIOUS SETTING DETAILS				
Name of Kindergarten / Nursery / Childminder / School:				
Full Address:				
Dates Attended:	From..... To.....			
<b><u>We are obliged to follow good practice and information share between settings. If your child will attend another setting whilst attending Kindergarten, please provide the name and address of the setting below:</u></b>				
Name of Kindergarten / Nursery:				
Full Address:				
Contact Telephone Number:				
SIBLING DETAILS				
Surname:	First Names:	DOB:	Class / Year Group:	School Attending:
EDUCATIONAL INFORMATION				
<p>Please advise if your child has any educational needs / support requirements:</p>  <p>Has your child been assessed by:</p> <p><input type="checkbox"/> Educational Psychologist or Psychiatrist</p> <p><input type="checkbox"/> Clinical Psychologist</p> <p><input type="checkbox"/> Occupational Therapist</p> <p><input type="checkbox"/> Speech and Language Therapist</p>				
Please explain why you have chosen Steiner education and to apply to The Iona School:				



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## DEVELOPMENT & MEDICAL INFORMATION

Details of Birth: (please tick those which apply)

Natural  Caesarean  Induced  Forceps  Uncomplicated  Breech  Premature  Prolonged

Developmental Stages: (please give approximate age)

Crawling..... Walking..... Speaking.....

Childhood Illnesses – has your child had any of the following transmittable diseases? (If so, please indicate approximate age)

Measles  Mumps  Chickenpox  Whooping Cough  German Measles  TB

Details .....

Has your child experienced any bereavement?  Yes  No

What, if any, vaccinations (including tetanus) has your child had? (please give approximate ages):

Is your child's hearing and vision normal? If not, please give details:

Date of last hearing and vision test:

Does your child have any health condition or disability? Does this have an adverse effect on your child's day-to-day activities? If yes, please give details:

Has your child ever had any serious illness, ever been to hospital for any other medical reason or taken any medication in the last two years? If yes, please give approximate ages:



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Has your child undergone surgical procedures? *If yes, please give approximate ages:*

Does your child have any allergies or food intolerances? *If yes, please list.*

Please give details of any specific diet:

Are there any other things about your child you would like us to know about or that you feel are relevant to this application? Please include any special interests your child may have:

**In case of injury or illness**

Should an injury require hospital treatment, I hereby agree that a representative of The Iona School may sign any hospital authorisation in my absence.

**Name:**

**Signature:**



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## GENERAL DATA PROTECTION REGULATION (GDPR)

I understand that my consent is not needed to process data that the school provides under legal obligations; as this can be processed lawfully without consent.

Please tick **one** of the following statements as necessary:

- I **do** give my consent for my personal data to be stored in order for the school to use these for their own fundraising and marketing purposes  
(I understand that I can withdraw my consent at any time).
- I **do not** give my consent for my personal data to be stored in order for the school to use these for their own fundraising and marketing purposes.

If your application is unsuccessful, we will store your details for no more than one year from this date. During this time, we may send you emails for marketing purposes from our school only.

Please tick **one** of the following statements as necessary:

- I **do** give consent for the school to store my details for one year for marketing purposes.
- I **do not** give consent for the school to store my details for one year for marketing purposes.

## DECLARATION

Please ensure your application is supported with the following documents:

- £50.00 Registration Fee\*
- Copy of birth certificate
- Reports from previous nursery or school
- Appropriate medical reports
- Any other relevant reports
- For entry to Kindergarten, we need to see copies of previous reviews including the 2 year review.

\*We prefer payments to be made online. The school's bank details are as follows:

Account Name: The Iona School Association  
Bank Name: Unity Trust Bank  
Account Number: 20133313  
Sort Code: 60-83-01

Please ensure you quote your **child's name** as the reference when making a payment online.

*The information supplied within this Registration Form is true to the best of my knowledge.*

<b>Name:</b>		<b>Signature:</b>	
<b>Date:</b>			

Please submit this form to the Business Manager at [nick@theionaschool.org.uk](mailto:nick@theionaschool.org.uk)  
FAO Nick Delaforce-Sanders



# REGISTRATION FORM

*The Iona School, 310 Sneiton Dale, Nottingham, Nottinghamshire, NG3 7DN*

## EQUALITIES INFORMATION

The Iona School is working to ensure that its parent body and children represent the city's diverse population. We can only judge our success in this area if we have full information regarding the ethnicity and disability of all pupils. This information will be kept confidential and used only for monitoring purposes.

### Disability

With reference to Equality Act 2010, would you consider your child to have a disability?

Yes  No

What is your child's assigned birth gender?

Female  Male

Is this the accepted gender?

Yes  No

### Ethnic Origin

These categories are taken from the 2011 Census.

How would you describe your child's ethnic origin? If you do not identify with any of the categories listed, please use one of the 'other' categories.

*Please tick one box.*

White	<input type="checkbox"/>	English / Welsh / Scottish / Northern Irish / British
	<input type="checkbox"/>	Irish
	<input type="checkbox"/>	Gypsy or Irish Traveller
	<input type="checkbox"/>	Other White background
Mixed	<input type="checkbox"/>	White and Black Caribbean
	<input type="checkbox"/>	White and Black African
	<input type="checkbox"/>	White and Asian
	<input type="checkbox"/>	Other Mixed / Multiple Ethnic background
Asian / Asian British	<input type="checkbox"/>	Indian
	<input type="checkbox"/>	Pakistani
	<input type="checkbox"/>	Bangladeshi
	<input type="checkbox"/>	Chinese
Black / African / Caribbean / Black British	<input type="checkbox"/>	African
	<input type="checkbox"/>	Caribbean
	<input type="checkbox"/>	Other Black / African / Caribbean background
	<input type="checkbox"/>	Other Ethnic Group
Other Ethnic Group	<input type="checkbox"/>	Arab
	<input type="checkbox"/>	Other Ethnic Group
Other	<input type="checkbox"/>	Don't know / not sure
	<input type="checkbox"/>	Would rather not state



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### Religion / Belief

How would you describe your family's religion / belief?

*Please tick one box.*

- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Other
- None
- Don't know / not sure
- Would rather not state