Nursery Class Registration Form
September 2026
High Down Infant School

North Somerset Council

Please read the Notes for Guidance on the back before completing this form.

Child's Legal Surname		**Child's Legal First Name(s)**	
Chosen Surname if different from above		**Chosen First Names(s) if different from above**	

Date of Birth Day ☐☐ Month ☐☐ Year ☐☐☐☐

Gender: (please tick box) M ☐ F ☐

Name of Parent/Carer: Mr/Mrs/Ms/Miss
(delete as necessary)

Name:

Home address

_____

_____

Postcode

Telephone - Home (include STD code)		**Other – Daytime (include STD code)**	
Mobile Number :		**E-mail:**	

Family – please list all children in order with their dates of birth

Name of child	Date of birth	School Attended

Are you applying for a place at a second school? If yes, the name of the school is …… Yes ☐ No ☐

Is the child "looked after" by a local authority? (sometimes referred to as "being in care")? Yes ☐ No ☐

Does the child have a Statement of Special Educational Needs? Yes ☐ No ☐

Does the child have identified learning difficulties, language needs or other special educational needs or a disability? Yes ☐ No ☐

Has the child been identified as having a health or social need which could be a barrier to future learning? Or is the child receiving sponsored day care provided by the Family Day Care Team? Yes ☐ No ☐

If yes, please give brief details

Parent's Declaration

I understand that by signing the declaration below I will be confirming that all the details given above are to the best of my knowledge, correct.

Signature **Date**