

**PASSPORT
PHOTOGRAPH**



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School Admission Form – TENDER PALMS SCHOOL

Please **complete all shaded boxes on these forms**



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School Use Only	
Admission Number	
Year Group	
Session Usage	
Admission date	
Last school attended	

Please **COMPLETE** this form in **BLOCK LETTERS**.

Please provide as much information as possible about your child

Surname		Middle Name(s)	
First Name		Country/ Nationality	
Date of Birth		Birth Place	Religion
Home Address			
Post Code	State of Origin		Gender (M/F)

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. **Prioritise them** in the order that you wish for them to be contacted in an emergency
(each contact must sign the form. By signing, each contact is agreeing for the school to hold their contact details)

Contact Information PARENT/GUARDIAN

Title and Surname		Maiden Name	
Daytime Tel No.		Profession/ Job	
Home Tel No.		Mobile Tel No.	
Email Address			
Home Address (if different to above)			
Post Code		SIGNED	
Relationship to Pupil		Parental Responsibility (Y/N)	

Contact Information PARENT/GUARDIAN

Title and Surname		Forename	
Daytime Tel No.		Day Place	

Home Tel No.		Mobile Tel No.	
Email Address			
Home Address (if different to above)			
Post Code		SIGNED	
Relationship to Pupil		Parental Responsibility (Y/N)	

Contact Information Non-Parental Contact (in Case of an EMERGENCY)

Title and Surname		Middle Name	
First Name		Daytime Tel No	
Home Tel No.		Mobile Tel No.	
Email Address			
Home Address (if different to above)			
Post Code		SIGNED	
Relationship to Pupil		Parental Responsibility (Y/N)	

People authorized to pick-up your child(ren).

- Kindly Note that if anyone is picking up your child(ren) other than yourself. Please advise the personnel to provide the staff/teacher on duty with a proof of identify. A tender Palms School Pick-up tag must be presented alongside before the child will be allowed to leave the school premises.

Name :	Relationship to child:	Signature

Lunchtime Meal Arrangements

Packed Lunch		School Meal		Snack	
Dietary requirements /allergies	Artificial Colouring Allergy		Diary/Milk Allergy		No Dairy Produce
	Fruits Allergy		Egg Allergy		Wheat Allergy
	No nuts of any type		Vegetarian		Seafood Allergy
Does your child have any other special dietary requirements/medication which the school should be aware?					

Medical Information / Childhood Vaccination

Medically recommended vaccine		Age of child	
Medically recommended vaccine (kindly indicate)			
Does your child have any medical conditions either LONG or SHORT TERM of which the school should be aware? If YES please give details:			
Does your child receive any paramedical support?	Occupational Therapy		Physiotherapy
	Physiotherapy		Speech Therapy
	Other (please specify)		

Has your child had any of the following illnesses? Kindly TICK the box

- Whooping Cough Chicken pox Measles Mumps
- Eczema Asthma Influenza Respiratory syncytial virus (RSV)
- Gastroenteritis Hand-Foot-Mouth Disease Boil
- Fifth Disease (*Bright-red rash on cheek*) Pinkeye (conjunctivitis)
- Pinworms

Additional Information

How does your child travel to school?

<input type="checkbox"/>	Cycle	<input type="checkbox"/>	Public Bus Service	<input type="checkbox"/>	Taxi
<input type="checkbox"/>	Car share	<input type="checkbox"/>	Dedicated Bus Service	<input type="checkbox"/>	Walk
<input type="checkbox"/>	Car/Van	<input type="checkbox"/>	Train	<input type="checkbox"/>	Other

Developmental Checks

Type	Age	Tick if done	Notes
Hearing and full development check if it does not happen then Must be completed by 7 Months	6 weeks		
Development Checks	8 months		
Development Checks	12- 24months		
Developmental check and hearing test	3 years		
Development check and eye test	4 years		

Previous School

Name of School				
Location of School (address)				
	Date From		Date To	
Reason for leaving				
Does your child have any brothers or sisters at that school?			Yes	No
If 'Yes', please give details				
Please use this space to give us any further information about your child that you feel we should know about and which has not already been covered by this form				

Please read carefully

<p><u>Safe Guarding Children (Child Protection policy)</u></p> <p>I recognize that TENDER PALMS SCHOOL has the responsibility to ensure that all children attending the school are protected. I understand that any teacher, who suspects that a child is his/her care may have been abused or neglected, has a duty to report this to the HEAD OF SCHOOL. Therefore I understand that safe guarding my child will involve monitoring observing, and recording any concern relation to my child's wellbeing.</p>	Signed	Date
<p><u>OUTINGS:</u></p> <p>All outings are carefully planned under close supervision. We will ensure that proper communication concerning all outing. I <u>DO / DO NOT</u> give my consent for my child to go on educational walks or visits with the school staff:</p>	Signed	Date
<p><u>PHOTOGRAPHS</u></p> <p>The school uses a camera as a record of the children's activities and achievement. Photographs will only be used for display within the school environment or on the school publications or media platforms. Permissions will be sought for any other usage.</p> <p>I <u>DO /DO NOT</u> give permission for my child's photograph to be taken during the everyday work within the nursery</p>	Signed	Date
<p><u>BABY & PRESCHOOL CLASSES ONLY</u></p> <p>Creams :</p> <p>I will apply nappy cream for my child and I give consent for the nursery staff to apply as appropriate.</p>	Signed	Date
<p><u>TERMS & CONDITIONS</u></p> <p>We as parents to notify the school authorities of any change in the following</p> <ul style="list-style-type: none"> ■ House Address ■ Contact Address / Email Address / Phone Number / Carer /Nanny/Driver etc 	Signed	Date

Please ensure that you have provided the school with a copy of the **Child's Birth Certificate**. Thank you