

Ascot Primary School 2020 Registration Form Grade 2 - 6

Deadline: 31 JULY 2020

For office use only

ID NUMBER

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Section 1 Pupil Details

Pupil Surname

First Name(s)

Date of Birth Male Female

If this child has been known by another name please enter it here

Picture

Section 2 Parent Home Address

Street Number Street Name

Town District (if applicable)

Parish Postcode

Section 3 Emergency Contact Details

Mr/Mrs/Miss/Ms Initial Surname

Home Telephone No. Work Telephone No.

Mobile Telephone No. Relationship to child

Email address

Section 4 Medical History

a) Does your child have any special health care needs? YES NO

b) Does your child suffer from any of the following?

Asthma YES NO Pneumonia YES NO Epilepsy YES NO

Allergy YES NO Diabetes YES NO Tonsillitis YES NO

Sickle Cell/Anemia YES NO Frequent Cold YES NO

Hemophilia YES NO None of the above

c) Has the applicant ever had any surgical operations? YES NO

If yes give details: _____

Section 5 Wi-Fi and Smart Device Details

Does the household possess the following Smart devices? Please indicate with a tick

Smart Phone	<input type="checkbox"/>
Smart Phones	<input type="checkbox"/>
Smart TV	<input type="checkbox"/>
Working Tablet	<input type="checkbox"/>
Working Laptop	<input type="checkbox"/>
Working Personal Computer	<input type="checkbox"/>
Has no smart devices in household	<input type="checkbox"/>

How does the household get internet?

Data Plan	<input type="checkbox"/>
Wi-Fi from internet provider	<input type="checkbox"/>
Shared Wi-Fi from neighbor	<input type="checkbox"/>
Has no access to Wi-Fi or data plan	<input type="checkbox"/>

Section 6**Parent Contribution**

NOTE: All students are expected to complete a medical form

All parents/guardians are asked to pay a yearly contribution at the school in the amount of \$4,500.00. This amount includes:

- Accident Insurance
- School contribution
- Text messaging

TO BE SIGNED BY ALL PARENTS/GUARDIANS

I have read and have understood the questions asked above and have answered all the questions truthfully.

Name of Parent: _____ Signature: _____ Date: _____