

**Broughton Manor Preparatory School
Preparatory Department
Application Form**



Term date you wish to start	Date Started	
Child's full name (including middle names) Child known as (if different from above)	Date of Birth	
Address	Home telephone number	Home email address
Name, Address & Tel No of Family Doctor		
Name & Tel No for local relative/neighbour for emergencies (and their relationship to your child)		
Mother's occupation, company name & address	Office email	Office Tel No Mobile No
Father's occupation, company name & address	Office email	Office Tel No Mobile No
To which email address would you prefer to receive information?		
Will you use hours outside the school day? (i.e. 8.30am – 4.00pm)		
Will you use holiday playscheme? YES / NO	All or some weeks?	
Name and address of current school	School to be attended after BMPS	
Where did you hear about us?		
Child's nationality	Child's religion	Sex: Male/Female
Does your child have an additional language? (please provide details)	Which is your child's first language?	
Any brothers or sisters?	Their ages	

MEDICAL & DIETARY INFORMATION

Does your child suffer from:

Epilepsy yes/no	Diabetes yes/no	Medical conditions yes/no
Asthma yes/no	Allergies yes/no	Dietary requirements yes/no

Please provide details on the reverse.

PLEASE SEE REVERSE.

Details of medical conditions, allergies and dietary restrictions

Please give dates of your child's inoculations

1st DTP / Hibs / Polio

2nd DTP /Hibs / Polio

3rd DTP / Hibs / Polio

MMR

Pre-School Booster

Parents' full names and titles (if applicable, please indicate which parent has custody)

Father

Mother

I/we agree to the conditions of the school prospectus. I/we realise that there is no refund for absence and that one full term's notice is required in writing to the Headmaster, to expire at the end of a term. I/we enclose a non-refundable deposit of £50.00. Please make cheques payable to Broughton Manor Preparatory School.

I give permission for the Headmaster, or his representative, to act as loco parentis in a medical emergency.

Signed (Father)

Date

Signed (Mother)

Date

FOR OFFICE USE ONLY

Class

House

Admissions
Register

Registrar