Broughton Manor Preparatory School Preparatory Department Application Form



Term date you wish to start	Date Started
Child's full name (including middle names)	Date of Birth
Child known as (if different from above)	
Address	Home telephone number
	Home email address
Name Address & Tal No of Family Doctor	
Name, Address & Tel No of Family Doctor	
Name & Tel No for local relative/neighbour for eme	rgencies (and their relationship to your child)
Name & Tel No for local relative/fleighboar for effe	rgencies (and then 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 MKPS
Where did you hear about us?	
Child's nationality Child's religion	Sex: Male/Female
Does your child have an additional language?	Which is your child's first language?
(please provide details)	
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.		PLEASE SEE REVERSE.	

Details of medical conditions, allergies and die	etary restrictions.		
A COPY OF YOUR CHILD'S BIRTH CERTIFICATE MUST BE ATTACHED TO THIS APPLICATION FORM. Please bring in the original for the Registrar to see at your next visit.			
Please give dates of your child's inoculations.			
1st DTP / Hibs /Polio	2 nd DTP /Hibs / Polio		
3 rd DTP / Hibs / Polio	MMR		
Pre-School Booster	THE		
The School Booster			
Parents' full names and titles (if applicable, pl	ease indicate which parent has custody)		
Father	case maleate which parent has castoay,		
Mother			
I/we agree to the conditions of the school pro	spectus.		
I/we realise that there is no refund for absent	ce 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 £10	0.00. Please make cheques payable to		
Broughton Manor Preparatory School.			
I give permission for the Headmaster, or his re	epresentative, to act as loco parentis in a		
medical emergency.			
Signed (Father)	Date		
Signed (Mother)	Date		
EOD OFFICE LISE ONLY			
FOR OFFICE USE ONLY			
Class House Admissions Registrar Birth Certificate Ref			