

# Broughton Manor Preparatory School

## Preparatory Department

### Application Form



|   |   |
|---|---|
| Term date you wish to start   | Date Started                                    |
| Child's full name (including middle names)<br><br>Child known as (if different from above)        | Date of Birth                                   |
| Address   | Home telephone number<br><br>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<br>Office Tel No<br>Mobile No      |
| Father's occupation, company name & address   | Office email<br>Office Tel No<br>Mobile No      |
| To which email address would you prefer to receive information?                                   |   |
| Will you use hours outside the school day?<br>(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                |
| <b>Where did you hear about us?</b>   |   |
| Child's nationality   | Child's religion                                |
|   | Sex: Male/Female                                |
| Does your child have an additional language?<br>(please provide details)                          | Which is your child's first language?           |
| Any brothers or sisters?  | Their ages                                      |

|   |                  |                             |
|---|------------------|-----------------------------|
| <b>MEDICAL &amp; DIETARY INFORMATION</b>      |                  |                             |
| 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 |
| <b>Please provide details on the reverse.</b> |                  | <b>PLEASE SEE REVERSE.</b>  |

**Details of medical conditions, allergies and dietary 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.**

|                                    |                                   |
|------------------------------------|-----------------------------------|
| 1 <sup>st</sup> DTP / Hibs / Polio | 2 <sup>nd</sup> DTP /Hibs / Polio |
| 3 <sup>rd</sup> 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 £100.00. 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  Registrar  Birth Certificate Ref