Broughton Manor Preparatory School
Newport Road, Broughton, Milton Keynes MK10 9AA

APPLICATION FORM: PREPARATORY DEPARTMENT (8-11 years)

CHILD'S DETAILS					
SURNAME:					
FORENAME(S):					
MIDDLE NAME(S):					
PREFERRED NAME:					
DATE OF BIRTH*		FEMALE	☐	MALE	☐

**A copy of your child's birth certificate is required. Please bring in the original for the Registrar to copy.*

PROPOSED START DATE:					
Will you use our holiday playschemes?		YES	☐	NO	☐

NATIONALITY:		RELIGION:	
FIRST LANGUAGE:			
ANY ADDITIONAL LANGUAGES:			
CURRENT SCHOOL:			
DATE FROM:		DATE TO:	

ANY SIBLINGS: (WITH AGES)	

How did you hear about us?			
Local knowledge		*Press advert*	
Website		*Sibling already attends*	
Recommendation		*Other*	
If recommendation, please give us the name:			

For office use only	*Class:*		*House:*		*Birth certificate ref:*				
Registrar:		*Bursar:*		*Form tutor:*		*SIMS:*		*Adm No:*		*Last updated: 17 October 2019*

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PARENT(S)/GUARDIAN(S) DETAILS		
PARENT/GUARDIAN 1		
TITLE	FORENAME	SURNAME

RELATIONSHIP TO CHILD: (if relevant, please indicate which parent has custody)	
OCCUPATION	PLACE OF WORK

POSTAL ADDRESS			
	POSTCODE:		
Is this your child's primary residence?	YES ☐	NO ☐	

HOME NUMBER:	MOBILE NUMBER:
WORK NUMBER:	OTHER NUMBER:
PREFERRED EMAIL ADDRESS TO RECEIVE SCHOOL INFORMATION:	

PARENT/GUARDIAN 2		
TITLE	FORENAME	SURNAME

RELATIONSHIP TO CHILD: (if relevant, please indicate which parent has custody)	
OCCUPATION	PLACE OF WORK
POSTAL ADDRESS	*(if same as above please leave blank)*

	POSTCODE:		
Is this your child's primary residence?	YES ☐	NO ☐	

HOME NUMBER:	MOBILE NUMBER:
WORK NUMBER:	OTHER NUMBER:
PREFERRED EMAIL ADDRESS TO RECEIVE SCHOOL INFORMATION:	

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EMERGENCY CONTACT DETAILS		
Please provide at least one additional contact number for someone we can contact in the event of an emergency where we cannot get hold of a parent or guardian.		
EMERGENCY CONTACT 1 DETAILS		
TITLE	FORENAME	SURNAME
TELEPHONE NUMBER(S):		
RELATIONSHIP TO CHILD:		
EMERGENCY CONTACT 2 DETAILS		
TITLE	FORENAME	SURNAME
TELEPHONE NUMBER(S):		
RELATIONSHIP TO CHILD:		

TERMS AND CONDITIONS	
I/we agree to the terms and conditions of the school prospectus and supplementary information.	
I/we realise that there is no refund given for absence and that for children over 2½ years, one full term's notice in writing is required, to be addressed to the Headmaster, to expire at the end of a full term. Failure to provide the required notice period will result in a term's fees being payable in lieu of notice.	
I/we have paid a non-refundable registration fee of £100.00. Payment may be made by card, in cash or online via BACS. Our bank details are available upon request.	
I/we give permission for the Headmaster, or his representative, to act in loco parentis in a medical emergency.	
SIGNATURE: (Parent/Guardian 1):	
DATE:	
SIGNTUARE: (Parent/Guardian 2):	
DATE:	

For office use only	*Reg fee paid:*	£	*Card:*		*BACS:*		*Cash:*		*Payment taken by (initials):*		*Date:*	/ /

Milton Keynes Preparatory School
Tattenhoe Lane, Milton Keynes MK3 7EG

CONFIDENTIAL MEDICAL INFORMATION FORM

CHILD'S DETAILS				
SURNAME:			FORENAME:	
CLASS:		DATE OF BIRTH:		MALE/FEMALE

MEDICAL CONDITIONS				
Please indicate below any medical conditions and/or allergies which apply to your child, including details of any treatment or medication				
Asthma	YES ☐	NO ☐		
Allergies *(eg. dairy, gluten, eggs, nuts etc)*	YES ☐	NO ☐		
Coeliac's Disease	YES ☐	NO ☐		
Diabetes – Type 1	YES ☐	NO ☐		
Eczema	YES ☐	NO ☐		
Epilepsy	YES ☐	NO ☐		
Eye conditions *(eg. wears contact lenses)*	YES ☐	NO ☐		
Hearing conditions	YES ☐	NO ☐		
Heart conditions	YES ☐	NO ☐		
Unknown allergies	YES ☐	NO ☐		
Other	YES ☐	NO ☐		
If you have ticked 'yes' to any of the above, please give further details below:				
Please give details of any medication/treatment needed (eg. inhaler, EpiPen):				

For office use only	*SIMS updated:*		*Initials:*		*Date:*		*template updated: 17 October 2019*

Milton Keynes Preparatory School
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CONFIDENTIAL MEDICAL INFORMATION FORM

DIETARY RESTRICTIONS

Please note: **WE HAVE A STRICT NO NUTS, SESAME SEEDS, KIWI OR COCONUT POLICY IN PLACE AT MKPS**

Please tick below to indicate any dietary restrictions which apply to your child, including if possible the reason (eg. dietary, religious)

Meat

No beef	☐	No chicken	☐	No lamb	☐	No pork/ham/bacon	☐

Reason:

Fish

No white fish	☐	No salmon	☐	No tuna	☐	No shellfish	☐

Reason:

Dairy produce

No butter	☐	No cheese	☐	No cold milk	☐	No milk in cooked goods	☐
No yoghurt	☐	No cow's milk	☐				

Reason:

Gluten/cereals

No wheat	☐	No oats	☐	No barley	☐	No soya	☐

Reason:

Miscellaneous

No eggs - unless cooked into foods	☐	
No eggs - at all	☐	
No gelatine	☐	
Vegan	☐	
Vegetarian - can eat seafood	☐	
Vegetarian - no seafood	☐	
Other *(please give details below)*	☐	

If you have ticked 'yes' to any of the above, please give further details below:

For office use only	*Copy Matron:*		*Copy Room Leader/Chef:*	*template updated: 17 October 2019*

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CONFIDENTIAL MEDICAL INFORMATION FORM

MEDICAL INFORMATION	
Please give details below of the GP your child is registered with:	
GP/Health Centre name:	
Address:	
Tel:	

CHILDHOOD VACCINATIONS						
Please indicate below by ticking and completing the dates as appropriate:						
Vaccine:	*Vaccination date(s):*					
6-in-1 or equivalent (Diptheria, tetanus, polio, whooping cough, Haemophilus influenzae type B & Hep B)	1		2		3	
PCV	1		2		3	
Rotavirus	1		2			
Men B	1		2		3	
Hib/Men C	☐					
MMR	1		2			
4-in-1 Pre-school booster (Diptheria, tetanus, whooping cough, & polio)	☐					
2 year check	☐	*Please provide a copy of the report*				

PARENTAL CONSENT
It is important that all children with medical conditions are supported in school and some children may need medical care or attention to keep them well and comfortable during the school day. Please help us by filling in the above form as completely as possible so that we are able to assess and regularly review your child's health and dietary needs and, where appropriate, discuss in further detail with Matron to ensure any medical needs are met appropriately within school.
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school to discuss this information with the School's Matron or other health professionals who are involved in my child's care.

Parent's/Guardian's details:		
Name/s:		
Signature/s:		
Date:		