ADMISSION FORM

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| --- |
| Photo |

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| --- | --- | --- | --- | --- | --- | --- |
| **Student Details** | | | | | | |
| Name of student: | |  | | | | |
| Sex: | |  | | Date of Birth | |  |
| Nationality: | |  | | | | |
| Address: | |  | | | | |
| Class for which Admission is being sought | | | | | | |
|  | Woodpecker Playgroup: 18mo. – 3years | |  | | Dove KG1: 3 -4 years | |
|  | Humming Bird KG2: 4 – 5 years | |  | | Blue Bird Yr1: 5 -6 years | |

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| --- | --- |
| **Mother’s Details** | |
| Name: |  |
| Occupation: |  |
| Email |  |
| Tel |  |

|  |  |
| --- | --- |
| **Father’s Details** | |
| Name: |  |
| Occupation: |  |
| Email |  |
| Tel |  |

|  |  |
| --- | --- |
| **Guardian’s Details** | |
| Name: |  |
| Occupation: |  |
| Email |  |
| Tel |  |

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| --- | --- |
| **Previous School/s Attended** | |
| Name | Location |
|  |  |
|  |  |
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| **Medical History** |
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| **Food Allergies** |
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| --- | --- | --- | --- | --- |
| **Food Specifications:** | | | | |
| Vegetarian | Yes |  | No |  |
| Dairy Products | Yes |  | No |  |
| Nuts | Yes |  | No |  |
|  |  |  |  |  |
| Please indicate any other food requirements your child may have |  | | | |

**Emergency Medical Treatment**

In case of emergency I authorise Gracefield Schools to take whatever steps may be deemed necessary in respect of medical treatment for any child of mine.

**Indemnity Notice**

I shall at all times hereafter keep the school indemnified against all actions, claims, proceedings, costs and expenses in respect of personal injury to, and loss or damage to property belonging to, the student arising out of any school expedition or transport facilities provided or arranged by the School.

**Declaration by parent or guardian**

At least one term's notice, in writing, of the intention to remove a pupil must be given to the Head Teacher. In the event of this not being given one term's tuition fees must be paid.

I agree to these conditions of entry and to other conditions stated or implied with this form or in the Prospectus.

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| **Signature (Parent or Guardian)** |  | **Date:** |