

PROSPECTIVE PUPIL FORM

If you are interested in a place for your child at The Brook Nursery, please complete this form and send to the Nursery Office, prior to an interview and tour of the Nursery.

Child's surname: _____

Christian names: _____

Address: _____

Telephone number: _____

E-mail address: _____

Date of birth: _____ Age: _____ Sex: _____

Pontential date of entry to the nursery: _____

FAMILY

Father's name: _____

Occupation/place of work: _____

Mother's name: _____

Occupation/place of work: _____

Name of person who has main parental responsibility: _____

Daytime contact numbers: _____ Father: _____ Mother: _____

Relationship of child to parents: NATURAL / STEP / ADOPTED / FOSTER

If either parent is not resident at the same address as the applicant, please add this information here with any helpful explanation:

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ETHNIC BACKGROUND

Pupil's ethnic origin: _____ Pupil's first language: _____

Any other languages pupil speaks: _____

CHURCH

Church affiliation (if any): _____

HEALTH

Name of local doctor and telephone number: _____

General health of pupil: GOOD / FAIR / POOR

Please list and explain any complications, physical or emotional, allergies, weaknesses, disabilities, major operation or illnesses, referrals to professional psychologists, counsellors etc.

Special dietary requirements of pupil: _____

PLEASE INDICATE WHY YOU ARE INTERESTED IN YOUR CHILD ATTENDING THE BROOK NURSERY.

It may help you to consider the following questions. What are your hopes for your child's future?
What would you like your child to gain from their education? How do you hope that The Brook Nursery can help you as parents in a way that other schools may not?

Do you want your child to proceed to the River School: YES / NO / UNSURE
(Please note, a separate River School application form will be needed.)

DATE: _____ SIGNATURE/S: _____