

PROSPECTIVE PUPIL FORM

This form is not an application for a place at The River School but should be completed and sent to the School Office prior to an interview and tour of the School.

Pupil's surname: _____

Christian names: _____

Address: _____

Telephone number: _____

E-mail address: _____

Date of birth: _____ Age: _____ Sex: _____

Potential date of entry to the school: _____

Name of current or last school attended: _____

FAMILY

Father's name: _____

Occupation/place of work: _____

Mother's name: _____

Occupation/place of work: _____

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:

PROSPECTIVE PUPIL FORM

CHURCH

Church affiliation (if any): _____

EDUCATION

Are there any learning difficulties that you are aware of educationally? YES / NO
If 'YES', please complete the attached 'Special Educational Needs' form.

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.

PLEASE INDICATE WHY YOU ARE INTERESTED IN YOUR CHILD COMING TO THE RIVER SCHOOL.

(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 River School can help you as parents in a way that other schools may not?)

DATE: _____

SIGNATURE/S: _____

SPECIAL EDUCATIONAL NEEDS FORM

Please complete this form if relevant to your child.

Are there any learning difficulties that you are aware of educationally? If so, please tick the relevant box(es):

- | | |
|--|--|
| <input type="checkbox"/> General learning difficulties | <input type="checkbox"/> Mathematical difficulties |
| <input type="checkbox"/> Speech and language difficulties | <input type="checkbox"/> Behavioural difficulties |
| <input type="checkbox"/> Specific learning difficulties (dyslexia) | <input type="checkbox"/> A.D.H.D / A.D.D. |
| <input type="checkbox"/> Dyspraxia or other motor difficulties | <input type="checkbox"/> Physical difficulties |
| <input type="checkbox"/> Emotional/psychological difficulties | <input type="checkbox"/> Medical difficulties |
| <input type="checkbox"/> Asperger Syndrome or other Autistic Spectrum Disorder | |
| <input type="checkbox"/> Other (please specify) | |

Has your child received any additional educational help? If so, please tick the relevant box(es):

- Has been on S.E.N. register at any time (please give details)

- Has had an I.E.P. at any time (please bring copies to interview)
- Has received small group or individual support in school (please give details)

- Has undergone a professional assessment e.g. by Educational Psychologist etc.
(please bring copies to interview)

SPECIAL EDUCATIONAL NEEDS FORM

Has your child had any other intervention? YES / NO

If 'YES', please give details:

Are there any siblings with learning difficulties? YES / NO

If 'YES', please give details:

Do you give permission for us to contact your child's present school? YES / NO

Contact name:

DATE:

SIGNATURE/S:
