**Child 1 information**

First name:

Middle Name:

Surname:

Preferred name:

Date of birth:

Gender:

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**Child 2 information**

First name:

Middle Name:

Surname:

Preferred name:

Date of birth:

Gender:

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**Child 3 information**

First name:

Middle Name:

Surname:

Preferred name:

Date of birth:

Gender:

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**Family information**

Primary adult 1

Relationship to child:

The child lives with this adult:

Prefix:

First name:

Middle name:

Surname:

Email:

Mobile telephone:

Home telephone:

Address:

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## Holiday club Days

## How many days would you like your child to attend?

## Health information

Does your child have any medical condition? (e.g.. hearing impairment, speech therapy, mental health, asthma, diabetes, epilepsy, allergies)

Yes No

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## Declaration

We would like to keep you up to date by email or post with information about upcoming school events, availability of school places and other relevant school-related news but we require your consent to do this. Please indicate below whether you are happy for us to use your information for this purpose.

Yes, please

No, thanks

Early applications are recommended and will be considered in the order they are received. Offers of places are subject to availability and the admission requirements of the School at the time offers are made.

We request that the child named in this application be registered as a prospective pupil. We understand that the Terms and Conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School.

Name:

Signed: