

PARKGATE HOUSE SCHOOL

Reception, Pre-Prep & Prep - Application Form

DATE OF PROPOSED ENTRY: AGE AT	Γ PROPOSED ENTRY:	CHILD'S MEDICAL REPORT	
SURNAME OF CHILD:		HAS YOUR CHILD RECEIVED ALL IMMUNIZATION	S & VACCINATIONS:
FORENAMES OF CHILD:	BOY/GIRL	DOES YOUR CHILD SUFFER FROM ANY SPEECH,	HEARING OR VISUAL DEFECT:
DATE OF BIRTH:NATIO	NALITY:		
RELIGIOUS DENOMINATION:			TION YOU FEEL NECESSARY:
ETHNIC ORIGIN:			
HOME LANGUAGE:			
FATHER'S NAME AND PROFESSION:			
MOTHER'S NAME AND PROFESSION:		WHAT THREE WORDS COME TO MIND TO DESCRIBE YOUR CHILD:	
ADDRESS:			
		Acceptance of children to Parkgate School is strictly subject to (a) A non-refundable Registration Fee of £50 per child is pay (b) A photocopy of birth certificate or other proof of date of	able on application and should accompany this form. birth should accompany this form.
HOME TEL NO:		half term. (e) A full Term's Notice in writing is required, should parents wish to withdraw their child from School or a full	
MOTHER'S DAYTIME TEL:			
FATHER'S DAYTIME TEL:			
EMAIL:		term's fees in lieu of notice is payable.	
CURRENT SCHOOL: If applying for Pre-Prep or Prep, please attach a copy of your cl.		I HAVE READ AND UNDERSTOOD THE ABOVE TE. ABIDE BY THEM.	RMS AND CONDITIONS AND AGREE TO
		Signature of Parent or Guardian:	Date: