



Pupil Admission Form

I/We wish to register our child at Peaslake Nursery.

Full name of child

.....

Known as

Address

.....

.....

Telephone.....

Email address:

Child's date of birth

Proposed Date of Admission

Name of previous school(s)

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Position in Family

Names and dates of birth of brothers and sisters

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Name, Address and Telephone Number of child's doctor

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Any medical information the school should be aware of? Allergy/treatment/past operations

Has the child been vaccinated against all childhood diseases? Yes/No

Do you intend to apply for a place at Peaslake Free School? Yes/No

Name(s) of parent/guardian who has custody of the child

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Signature of

Parent or Guardian Date