

**Walton Pre-Preparatory School  
Pre-Preparatory & Nursery Department  
Application Form**



Term date you wish to start	Date Started
Child's full name (including middle names)  Child known as (if different from above)	Date of Birth
Address	Home telephone number  Home email address
Name, Address & Tel No of Family Doctor	
Name & Tel No for local relative/neighbour for emergencies (and their relationship to your child)	
Mother's occupation, company name & address	Office email Office Tel No Mobile No
Father's occupation, company name & address	Office email Office Tel No Mobile No
Days required	Hours required
To which email address would you prefer to receive information?	
Will you use the holiday playschemes? (Pre-Prep only) All or some weeks?	
Name and address of current school	School to be attended after Walton
Where did you hear about us?	
Child's nationality	Child's religion
	Sex: Male/Female
Does your child have an additional language? (please provide details)	Which is your child's first language?
Any brothers or sisters?	Their ages

**MEDICAL & DIETARY INFORMATION**

Does your child suffer from:

Epilepsy yes/no	Diabetes yes/no	Medical Conditions yes/no
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Asthma yes/no	Allergies yes/no	Dietary requirements yes/no
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**Please provide details on the reverse.**

**PLEASE SEE REVERSE.**

**Details of medical conditions, allergies and dietary restrictions.**

**Please give dates of your child's inoculations.**

1<sup>st</sup> DTP / Hibs / Polio

2<sup>nd</sup> DTP / Hibs / Polio

3<sup>rd</sup> DTP / Hibs / Polio

MMR

Pre-School Booster

**Parents' full names and titles (if applicable, please indicate which parent has custody)**

Father

Mother

**I/we agree to the conditions of the school prospectus. I/we realise that there is no refund for absence and that one full term's notice is required in writing to the Matron, to expire at the end of a term, for children over 2½ years and one month's notice for those under 2½ years. I/we enclose a non-refundable deposit of £30.00. Please make cheques payable to Walton Pre-Preparatory School.**

**I give permission for the Matron, or her representative, to act as loco parentis in a medical emergency.**

Signed (Father)

Date

Signed (Mother)

Date

**FOR OFFICE USE ONLY**

Class

Admissions  
Register

Matron

Registrar