



**POTTERHOUSE
SCHOOL**

A foundation of excellence for a life of impact

Admission Form

For official use

App Ref No

Date Captured

Please complete the form in BLOCK CAPITAL LETTERS in blue or black ink

Section A – Student Information

Surname

Other names

Date of birth Nationality

Sex (tick) M F Number of previous schools attended

Please provide details of previous schools attended below (last three schools)

Name of school	From	To
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Number of siblings Sibling ages

Section B – Health Information

Does your child suffer from any of the following conditions? (tick)

Asthma Yes No Diabetes Yes No Epilepsy Yes No

Heart disorder Yes No Any chronic illness Yes No

Other

If you ticked yes to any of the above conditions, please give details

Are the following immunisations for your child up to date?

DPT Yes No UPV Yes No MMR Yes No

Does your child suffer from:

Food allergies Yes No Type of food

Drink allergies Yes No Type of drink

Section C – Parents Information

Father's name Other names

Occupation Employer

Telephone (work) Fax

Email Mobile

Postal address City/Town

Mother's name Other names

Occupation Employer

Telephone (work) Fax

Email Mobile

Postal address City/Town

Child's residential address

Please sketch a map to your child's residence from Potterhouse School below.



