

Pre-Admission Form

Once completed return this form to the nursery office or email to admin@drove-pri.swindon.sch.uk

Surname			
Forename			
Date of Birth		M / F	(please circle)

Parental contact name		Tel	
Other contact		Tel	
Home address			
	Postcode		

Home language of pupil	
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Names of brothers or sisters already at Drove Primary School	

Health issues/medical conditions/special needs Eg, hearing, vision, asthma, eczema, etc.

Session preference, please state your preference for morning or afternoon sessions. Mornings, 8.30-11.30am <input type="checkbox"/> Afternoons, 12.30 – 3.30pm <input type="checkbox"/> Reason for preference:.....

Signed Parent/carer.....Date
Print Name.....

<u>Office use only</u>	Admission group:	Entered on list <input type="checkbox"/>
Offer letter	AM/PM*circle	Green/Yellow
		Initials: