

ADMISSION FORM

— DAFFODIL PREPARATORY SCHOOL



DETAILS OF CHILD

First Name : Last Name :

Place Of Birth : Date Of Birth :
D D M M Y Y

Full Address :

Postcode : City / Country :

Nationality : Gender : Male Female

Religion :

Local Authority :

Medical Condition: Yes No Please Specify

DETAILS OF PARENT/GUARDIAN

First Name : First Name :

Last Name : Last Name :

Relation to Child : Relation to Child :

Date Of Birth :
D D M M Y Y Date Of Birth :
D D M M Y Y

Full Address :
 Full Address :

Postcode : City : Postcode : City :

Phone Number : Phone Number :

Email : Email :

ADMISSION FORM

— DAFFODIL PREPARATORY SCHOOL



EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)

Name :

Relation Child :

Full Address :

Postcode : City / Country :

Phone : Mobile :

Email :

DETAILS OF PREVIOUS EDUCATION

Name of School :

Address of School :

Postcode : City / Country :

Dates Attended :

DECLARATION

1. I have read, understood and answered all the questions on this form fully and to the best of my knowledge.
2. I confirm that the information given on this form is true and accurate. I accept and agree to abide by the conditions stated in the rules and regulations of Daffodil Preparatory School.
3. A full-term notice is required for the withdrawal of a pupil; otherwise, a termination fee will be payable. I have to pay the admission fee of £50.

Signature Of Parent 1

Signature Of Parent 2