



Pre-School

Admissions Form and Information for Parents



Contact Sherringwood on +91 731-4230001

Section 6 – PHOTOGRAPHS

Affix photo of Mother

Affix photo of Child

Affix photo of Father

Signature

Signature

Section 7 – MEDICAL AND DOCTOR DETAILS

Indicate any health problems by putting a tick in the appropriate boxes

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Sting allergy | <input type="checkbox"/> Migraine/headaches | <input type="checkbox"/> Heart problem |
| <input type="checkbox"/> Bladder problems | <input type="checkbox"/> Gastric problems | <input type="checkbox"/> Nut allergy | <input type="checkbox"/> Vision impairment |
| <input type="checkbox"/> Chest Problems | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Pills/medicines carried | <input type="checkbox"/> Walking problems |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Seizure | <input type="checkbox"/> Skin complaint | <input type="checkbox"/> 'Other' health complaints/problems |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney complaint | <input type="checkbox"/> Speech Impairment | |

'Other' description and any additional medical data:

Special Dietary Needs:

Doctor's Name:

Address: Contact No:

Section 8 – LEGAL GUARDIAN (Complete only if different from parents)

First Name Last Name

Address Postcode

Contact No. Relationship

Section 9 - Additional information

The information you have provided on this form [and from supporting evidence - where applicable] will be used by Sherringwood World School in order to process the admission of your child into Pre-School/Daycare/Intelligentsia Education. The information will be held securely by the School and will be treated as confidential except where the law requires it to be disclosed. The school may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties or share your information with them in order to check its accuracy, prevent or detect crime, protect public funds or where required by law.

Declaration
I confirm that the information that I have provided is correct to the best of my knowledge and authorise Sherringwood World School to use my information for the above purposes.

Sign: (Parent/Carer) Date:

OFFICIAL USE ONLY

Birth Certificate/Residential Proof:
Date: Initials:

PRIVATE & VOLUNTARY USE ONLY

No. of funded sessions: