



'OUTER SCHOOL LTD' EXPRESSION OF INTEREST FORM

Child Details

Child/ren's full name:				
School Year:				
Address:				
Post Code:	Telephone No:			
Email:				
Start Date with 'Outer School Ltd':				
Please circle sessions if regular places are required:				
MON Am Pm	TUES Am Pm	WED Am Pm	THUR Am Pm	FRI Am Pm
Other (e.g. as and when, shift pattern):				

Details of Parent / Guardian with legal responsibility

Parent/ Guardian's Forename:		Parent / Guardian's Surname:	
Daytime Tel No:		Mobile No:	
Email:		Relationship To Child:	

Parent/ Guardian's Forename:		Parent / Guardian's Surname:	
Daytime Tel No:		Mobile No:	
Email:		Relationship To Child:	



Medical Details / Special Requirements (use separate sheet if necessary)

Does your child have any medical problems that we should be aware of? Please detail and provide care plan if there is one.

Does your child have any allergies? Please detail:

Please detail as fully as possible.

Does your child have any special requirements?

Are there any professionals involved in your child's care?

Is there any other information we need to care for your child fully?

***Please note that full registration forms will need to be completed upon confirmation of place at Outer School**