



Prospective Pupil Visit Day Parent Questionnaire

We would like to gather the following information to assist your son's application and enable us to make your son's assessment day go as smoothly as possible.

If an initial place offer is made and accepted, we shall be contacting your son's school as is standard practice. The final confirmation offer will be subject to the information received from the school.

Name of Child	Date of Birth	Timing of visit	
		Arrival time	Pick up time
Date of Assessment		1st Language	
Requested start date	To join class (please circle) PP1 PP2 Prep Elements Figures Rudiments		
Name of current school	Date started		
Other schools attended	Date started/Ended		
Details of any Dietary Requirements & Food Allergies/Intolerances			
Medical Concerns or any Disabilities	Any medication required		
Special Needs	Special Needs		
Does your son have any Special Educational Needs, if so please give full details.	Details of the support given.		



Parent Name & Contact Number

Academic Achievements	Sporting Achievements/Interests

Artistic/Creative Achievements/Interest	Musical Achievements/Interests

Behaviour/Conduct

Please provide details of any disciplinary/behavioural occurrences at school or otherwise with background information.

School Attendance

Please provide details of any school attendance issues.

Is there anything else you would like to tell us to assist your son during his visit with us?

Full name and parental signature	Dated
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I have read and understood the questionnaire and have provided as much detail as possible.	

Please attach a copy of your son's most recent school report to this sheet.