



ST.AMBROSE PREPARATORY SCHOOL

PRE-PREP APPLICATION FOR ADMISSION IN SEPTEMBER

Child's Surname:

First Names:

Date of Birth: Age on 1st September 20.....
(e.g., for entry at 3+ children must be 3 by 1st September of year of entry)

Nationality:

Address:
.....
..... Postcode:

Please register my son for a full-time Pre-Prep place:

Please register my son for a part-time Pre-Prep place as follows: (15 hours free allocation will be five mornings per week)

- | | | | |
|----------------|--------------------------|----------------|--------------------------|
| Monday a.m. | <input type="checkbox"/> | Monday p.m. | <input type="checkbox"/> |
| Tuesday a.m. | <input type="checkbox"/> | Tuesday p.m. | <input type="checkbox"/> |
| Wednesday a.m. | <input type="checkbox"/> | Wednesday p.m. | <input type="checkbox"/> |
| Thursday a.m. | <input type="checkbox"/> | Thursday p.m. | <input type="checkbox"/> |
| Friday a.m. | <input type="checkbox"/> | Friday p.m. | <input type="checkbox"/> |

Father's Full Name: Title:

Address: (if not the same as the applicant's)
..... Postcode:

Occupation: Nationality:

Home Telephone: Work/Office :

Mobile: Email:

Mother's Full Name: Title:

Address: (if not the same as the applicant's)
..... Postcode:

Occupation: Nationality:

Home Telephone: Work/Office :

Mobile: Email:

Present Nursery:.....Date of Entrance to Present Nursery:.....

Address of Present Nursery:

.....

Previous Nurseries attended (with dates):

.....

Religion of child:.....If your child is Roman Catholic please give the following:

Present Parish: Date of baptism:Parish in which baptised:

Religion of father: Religion of mother:

Have any members of the family attended St Ambrose?

If so please state dates of attendance:

Brothers/Sisters: Please name other brothers/sisters with schools attended:

.....

Special family circumstances (please write, in confidence, circumstances such as single parent family and, if parents are divorced, or separated, please make clear who has legal custody).

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.....
.....

Health: Does the applicant have any physical or other disability or any medical condition of which the school should be aware? If 'Yes', please give details:

.....
.....

Emergency Medical Advice or Treatment – Do you consent to the school seeking medical advice or treatment for your child in the case of an emergency? Yes No

Declaration by parents or guardian: I declare the above particulars to be true and if my child is accepted by the school, I agree to be bound by the terms and conditions as outlined in the school literature and as amended from time to time and I will ensure that my child abides by the school's rules and regulations throughout his attendance at the School.

Father's/Guardian's signature: Date:

Mother's/Guardian's signature: Date:

Enclosures: *Please note that the following must accompany this form.*

1. Registration fee (non-returnable) £25.00 (cheques made payable to St. Ambrose Preparatory School)
2. For Roman Catholic applicants, photocopy of baptismal certificate
3. Copy of Son's Birth certificate

**A place in Pre Prep is not a guarantee of a Reception place.
(Although we do expect the majority of boys to go through)**