

Rastrick Independent School

Close Lea House Leisure

Admission Form



Please complete in **BLOCK CAPITALS**.

| | |
|------------------|---|
| Child's name | <input type="text"/> |
| Date of birth | <input type="text" value="Day"/> / <input type="text" value="Month"/> / <input type="text" value="Year"/> |
| Child's religion | <input type="text"/> |
| Address | <input type="text"/> |
| Postcode | <input type="text"/> |
| Telephone | <input type="text"/> |
| Parent's names | <input type="text"/> |

An insurance premium of £7.00 must be paid on or before the first day of the visit and lasts for one term.

Illness or accident

In the event of illness etc. during school hours please write address, telephone number etc. where parents can be contacted.

| | |
|-----------|----------------------|
| Name | <input type="text"/> |
| Address | <input type="text"/> |
| Telephone | <input type="text"/> |

In the event of illness or accident do you agree to a doctor being called or your child being sent to hospital if, in the opinion of the Headteacher, this is necessary? (Where ever possible a parent or guardian would be contacted). Answer YES/NO (please delete). If you have any objections please state what action you wish the school to take:

Rastrick Independent School

Ogden Lane, Rastrick, Brighouse, West Yorkshire, HD6 3HF

Telephone: 01484 400344 Fax: 01484 718318 Email: info@rastrick-independent.co.uk

www.rastrick-independent.co.uk