

Previous Placements: e.g. pre-school, primary school, special class etc.

Medical Details:

Medical Conditions if any: _____

Medication if any: _____

Family Doctor: _____

Address: _____

Contact Number: _____

Allergies if any: _____

Any other information which you feel is relevant and of which you would like us to be aware:

I wish to have my child enrolled in Little Angels School.

Signed: _____ Date: _____

Parents/Guardians