LOMOND SCHOOL APPLICATION FORM

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PLEASE COMPLETE IN BLOCK CAPITALS

Forenames of Pupil						
Surname of Pupil						
Date of Birth				*Please give figures; e.g 16 6 84*	Sex (M/F)	
Proposed date of admission and form class						
If Nursery please state which days	Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ *(please tick)*					
Do you intend pupil to join Lomond Junior School on completion of Nursery ?	☐ Yes ☐ No *(please tick)*					
Day pupil or boarder	☐ day ☐ boarder *(please tick)*					
Proposed subject choices (Pupils entering S3 or above)						
Names of brothers and sisters already at the school (if any)						
Pupils home address						
Post Code				Home tel. no.		
E-mail address						

Parents / Guardians living at pupil's home address (see overleaf)

Relationship to pupil	*e.g. Father*	*e.g Mother*
Title		
Forenames		
Surname		
Can be contacted in an emergency during the day	☐ Yes ☐ No *(please tick)*	☐ Yes ☐ No *(please tick)*
If yes give whereabouts (e.g. home or name of workplace)		
Daytime Tel No. / mobile		
Fees Notes / letters to be addressed to parents / guardians named above using pupil's address. If this is not appropriate, please write the alternative here		
Other emergency contacts (excluding parents / guardians)		
Previous School		

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