

# ADMISSION FORM



**Mount Pleasant School**  
**Falkland Islands**  
**BFPO 655**

Tel Mil: Ext 5676  
Telephone/Fax: 00 500 32554  
E Mail: school.mpa@horizon.co.fk

<b>CHILD</b>		
Surname:		Forenames:
Date of Birth:		Entitled/NAAFI/CVWW.SKC/Non-Entitled
Date Admitted:	Nationality:	Religion:
No of Children in Family:		Position of Child in Family:
Service Parent:	Service No:	Initials:
	Rank:	Name:
Service:	Unit: UIN:	
Civilian Parent:	Branch, Department, Organisation or Business:	
Address:	Unit/ Official Postal Address:	MQ/Private Address
Tel No:		
Name, Relationship and Address of any other person with parental responsibility:		
Last School:	Address:	Records received: Yes/No
	Tel No:	
No of Schools previously attended:		School Use Only: Birth Certificate Checked (FS2): Yes/No

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Any Special Educational Needs:
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If Yes please give details:		
Child's Stage in the SEN Process:	School Action	School Action Plus
Extra Ancillary Hours Previously Given:	YES / NO	No of Hours per Week:
Any Information Concerning: Diabetes, Asthma, Epilepsy or Special Diet That The School Should Know about:		
Any Other Helpful Information:		
My Child can Be Given Plasters:	YES	NO
Date of Last Tetanus Injection:		
I hereby give permission for my child to go swimming with the School:	YES / NO	Parents Signature:
I hereby give permission for carefully selected photographs of my child occasionally be part of the School's Website:	YES / NO	Parents Signature:
I hereby give permission for my child to go on supervised outings with the School as part of the normal work of the school year. I realise that I may not be specifically notified of these outings:	YES / NO	Parents Signature: