



ROWAN PREPARATORY SCHOOL'S 4+ DISCOVERY AFTERNOON FORM 2019-2020

PERSONAL DETAILS

Pupil Name: _____ Date of Birth: _____

Parents(s) Name(s): _____

Home Address: _____

Telephone No: _____

Email: _____

Dietary Requirements: _____

Medical Requirements or Allergies: _____

Emergency Contact Details for Assessment Day (Name, Relationship, Mobile Number): _____

SCHOOL DETAILS

Present Nursery: _____

Current Year Group: _____

Headteacher: _____

School address: _____

**MY DAUGHTER WILL ATTEND THE 4+ ASSESSMENT DAY
ON MONDAY 12 NOVEMBER 2018, 1.30PM-3PM**

Parent's signature: _____

Date: _____

Please return a signed copy of this form to Mrs Drake, Registrar, at
Rowan Brae, 41 Gordon Road, Claygate, KT10 0PJ
Email: school.registrar@rowanprepschool.co.uk Tel: 01372 462627