



ROWAN PREPARATORY SCHOOL'S 7+ EXPERIENCE DAY 2021-2022

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 Experience Day (Name, Relationship, Mobile Number): _____

SCHOOL DETAILS

Present School: _____

Current Year Group: _____

Headteacher: _____

School address: _____

Please be aware that Rowan reserves the right to request references from your child's current school prior to admission.

MY DAUGHTER WILL ATTEND THE 7+ EXPERIENCE DAY ON TUESDAY 10 NOVEMBER 2020

Parent's signature: _____

Date: _____

Please return a signed copy of this form to the Head of Admissions, at
Rowan Brae, 41 Gordon Road, Claygate, KT10 0PJ

Email: admissions@rowanprepschool.co.uk Tel: 01372 462627