

Brook Academy - Prospective Pupils

(Please complete highlighted sections only)

Name of Pupil:	Date:	DOB:	Age:
----------------	-------	------	------

Address:	Current School: Current Year: Admission Date Requested:
----------	---

Parent/Carer: Email Address:	Tel No:
---------------------------------	---------

My Child has an EHCP [<input type="checkbox"/>]	Is obtaining an EHCP [<input type="checkbox"/>] (please tick)
---	---

Support Agencies	
Educational Psychologist	
Social Worker	
Speech & Language	
Physiotherapy	
Occupational Therapist	
ASD Support Service	
Other	

Information to Parent/Carer				
	Tick	Date	Time	With Who
Tour of School	<input type="checkbox"/>			
2 nd visit	<input type="checkbox"/>			

Log of Visits/Phone Calls		
Date	Details	Name of Staff Member

Comments

Parent views / medical conditions / learning difficulties / independence skills / toileting / eating / dressing

All informational data is gathered and processed in accordance with our data protection policy and privacy notices that can be found here;

[Add Brook Website](#)