 **Prospective pupil / parent: details form**

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| **Name of parent / carer** | **Phone numbers** | **Email Address** |
|  | Landline :  Mobile: |  |
| **Name of child** | **Details** | **Diagnosis /es** |
|  | D.O.B: Age:  Date placement to start : |  |
| **Current school, year group and LA** | **Reason for potential change of placement** | **EHCP status (delete as appropriate)** |
|  |  | Has EHCP  Is being assessed for EHCP  Assessment not started |
| **Where did you find out about BFS?** | **Why do you feel Bright Futures School would be your preferred choice for your child?** | **Date of completion of form** |
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