

Visit date:	9.00am to 3.10pm Friday 19th January 2018
Pupil name:	
Date of birth:	
Current class/year	
Medical Information	
Medical condition:	
Medication taken:	
Medication self-administered Y/N?	
Hearing, visual or other impairment which may affect seating arrangements for assessment	
<i>Please advise us of the details of an emergency contact who can be reached on the visit day</i>	
Name:	
Relationship to pupil:	
Contact number:	
Dietary Requirements <i>Please give details of special dietary requirements for your child (ie halal, gluten free)</i>	
Current School Details	
Current school:	School email:



Please return this form to
admissions@highschoolofdundee.org.uk
 by **4th January 2018**

