

Visit date:	
Pupil name:	
Date of birth:	
Current class/year	
<b>Medical Information</b>	
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:	
<b>Dietary Requirements</b> <i>Please give details of special dietary requirements for your child (ie halal, gluten free)</i>	
<b>Current School Details</b>	
Current school:	School email:
Current subjects:	

Please return this form to [admissions@highschoolofdundee.org.uk](mailto:admissions@highschoolofdundee.org.uk) before your visit

**Affix  
passport  
style  
photo  
here**