

Nursery School

Registration Checklist

SURNAME _____

FORENAMES _____ KNOWN AS _____

DOB ___ / ___ / ___ GENDER M / F ETHNICITY _____

ADDRESS _____

POST CODE _____ PHONE NUMBER _____

E-MAIL ADDRESS _____

MOTHERS NAME _____ PLACE OF BIRTH _____

FATHERS NAME _____ PLACE OF BIRTH _____

FIRST LANGUAGE _____ SECOND LANGUAGE _____

GP _____ HV/SW _____

PREFERRED TIME (PLEASE TICK ONE)

AM – 9.00 TO 11.25

PM – 12.30 TO 2.55

REGISTRATION DATE ___ / ___ / ___

ANY ADDITIONAL INFORMATION:

HOW DID YOU HEAR ABOUT THE ANN BERNADT _____?

OFFICE USE ONLY

DATE LETTER SENT _____

LETTER TO BE RETURNED BY _____

PLACE REFUSED / NO REPLY _____ DATE _____

DATE OF ENTRY ___ / ___ / ___ AM / PM

DATE FULL TIME ___ / ___ / ___

DATE OF TRANSFER ___ / ___ / ___ INFANT SCHOOL _____