

Two Year Project
Registration Checklist

SURNAME _____ KNOWN AS _____

FORENAMES _____

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 – 8.45 TO 11:45

PM – 12.30 TO 3.30

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 _____