

Initial Interest for Nursery

St. Peter's Elwick C of E Primary School



To be completed by or with the parent/person with parental responsibility at the school.

Full legal name of child				
Date of Birth		Gender – please tick appropriate	Male	Female
Known as name if different from legal name				
Child's current address				
Name of first parent/ person with parental responsibility				
Relationship to child				
Your current address (if different from the child)				
Home telephone number				
Mobile telephone number				
Email address				
Name of second parent/ person with parental responsibility				
Relationship to child				
Your current address (If different from the child)				
Home telephone number				
Mobile telephone number				
Email address				
Does your child have any siblings living at the same address	Yes		No	
Name of sibling	Date of Birth	Name of school currently attending		

Signature of parent/person with parental responsibility: _____

Date: _____