

# ST. NICOLAS AND ST. MARY C.E. PRIMARY SCHOOL

## PROVISIONAL REGISTRATION FORM FOR CHILDREN OF SCHOOL AGE

Child's legal surname \_\_\_\_\_

Forename(s) \_\_\_\_\_ M / F \_\_\_\_\_

Date of birth \_\_\_\_\_ Looked after or previously looked after child Yes/No  
(please delete appropriately)

Current \_\_\_\_\_ address

\_\_\_\_\_ Home telephone no: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Name of Parent(s)/Carer(s) \_\_\_\_\_

Church attended (if applicable) \_\_\_\_\_

Name and date of birth of other children in the family \_\_\_\_\_  
(if applicable)

Most recent school attended \_\_\_\_\_

Current Year Group \_\_\_\_\_ Requested date for admission \_\_\_\_\_

Reason for changing schools \_\_\_\_\_

New Address and date of move if  
applicable \_\_\_\_\_

Please provide proof of address in the form of a utility bill, bank statement or store card less than 12 months old or a driving licence. for office use: proof seen Yes / No

**Parental Declaration**

**I have parental responsibility for this child. By signing this form I confirm that all the information given is legal and true. I understand that any offer of a place made as a result of this application will be withdrawn if I give false information.**

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Tel No: \_\_\_\_\_

Work/Mobile: \_\_\_\_\_

E-mail address: \_\_\_\_\_