

St Mary Magdalen's Catholic Primary School



REGISTER OF INTEREST FOR RECEPTION CLASS 2019-20

Full name of child: Date of birth:

Home address:

.....

.....

Telephone number:

Contact number (if different from above):

Religion of child:

Nursery currently attending:

Parent/carer(s) title and name:

I enclose a photocopy of the child's (please tick):

Birth Certificate Baptismal Certificate (if applicable)

Please note only photocopies of documents should be included.

The school is unable to return original documents and cannot be held responsible for their loss.

Will the child have a sibling at St Mary Magdalen's at the time of admission?

Signed: Parent/Carer

Please return this form to:

St Mary Magdalen's Catholic Primary School, Worples Street, London SW14 8HE

For office use only:

Date received: Gender:

Date of Baptism: Parish of Baptism:

Address: Telephone number: