

# St Mary Magdalen's Catholic Primary School



## REGISTER OF INTEREST FOR RECEPTION CLASS 2023-2024

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, Worplesdon Street, London SW14 8HE**

For office use only:

Date received: .....

Gender: .....

Date of Baptism: ..... Parish of Baptism: .....

Address: .....

Telephone number: .....