

CHILD'S FIRST NAME:

59 Rothesay Road, Luton, LU1 1RB *Telephone: -* 01582 726966 *Headteacher: -* Mrs J Brownjohn



REGISTRATION FORM

SURNAME:

DATE OF BIRTH:			Birth seen	Cert	Y/N	GENDER:
ADDRESS:						
POSTCODE:				TELE	PHONE:	
EMAIL ADDRESS:						
HOME LANGUAGE - Please tick one or more categories as appropriate.						
Arabic	rabic					Bengali
English	Hindi				Polish	
Portuguese	Punjabi					Romanian
Spanish	Shona	Shona			Turkish	
Urdu	Other (Please Spec			ecify)		
BROTHERS AND SISTERS - Please list						
Date of Birth Name						Please tick if child attended Rothesay
Please state CURRENT SETTING: (if applicable) Please state future INFANT SCHOOL:						
NEEDS - Please state any special reasons for wanting your child to have a nursery school place. Continue on the back of the sheet if necessary. Have you been referred by your Health Visitor, Doctor, Speech Therapist, Social Worker or Learning Support Service as appropriate.						
Please tick preferred session AM PM AM or PM PARENTS/GUARDIANS NAMES (PRINT)						
Date						