

Foxhill Primary School



Headteacher - Mrs. S. Hey
NURSERY REGISTRATION FORM

Child Details:			
First Name(s)		Surname	
Date of Birth		Gender	
Address			
Postcode		Telephone No.	
Pre School currently attending (if any): Tele Number.			
Is the child a Looked After Child by the Local Authority?	Yes/No	If so please attach details/evidence	
Does the child have a statement of special needs?	Yes/No	If so please attach details/evidence	
Does the child have a sibling already attending the nursery or school?	Yes/No	If so please list sibling(s) names and dates of birth:	
Name of Parent/Guardian at home address:			
Relationship to child:		Title:	
First Name		Surname	
email address at which you can be contacted		Mobile Telephone Number	
Signature of Parent/Guardian:		Date:	
Once you have fully completed this form please return to the school office with a copy of your child's birth certificate and proof of your address (ie recent utility bill or other official document).			
Completing this form does not guarantee a place. The information on this form will be used only for the purposes of allocating nursery places. The data will be processed in compliance with the Data Protection Act.			

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