Walter Halls Primary and Early Years School

Request form for F1 place

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| CHILD’S DETAILS | | | |
| Child’s first name: | Child’s middle name(s): | Child’s last name: | |
| Date of Birth: | Child’s gender (male/female): | Preferred first name: | |
| Address: |  | | |
| Is there anything you would like us to know about your child before they start? E.g. do they have any additional needs or medical conditions that you would like to talk to us about? | | | |
| Language spoken at home: |  | | |
| PARENT’S DETAILS | | | |
| Mother’s full name: |  | | |
| Contact Telephone N°s | Mobile: | Work/home (day time): | |
| Email address: |  | | |
| Address: | | | |
| NI Number |  | Mothers Date of Birth |  |
| Father’s full name: |  | | |
| Contact Telephone N°s | Mobile | Work/home (day time): | |
| Email address: |  | | |
| Address: | | | |
| NI Number |  | Fathers Date of Birth |  |
| SETTING REQUIREMENTS (please tick which is required) | | | |
| AM PLACE REQUIRED | PM PLACE REQUIRED | 30 HOUR CHILDCARE | |
|  |  |  | |
| SIBLING DETAILS  (if you have children already attending Walter Halls, please provide their details below) | | | |
| Child’s name |  | Class |  |
| Child’s name |  | Class |  |
| Child’s name |  | Class |  |

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| Date registered: | Processed by: |