**LOWTON WEST PRIMARY SCHOOL**

**REGISTRATION OF INTEREST FORM**

**CHILD’S DETAILS**

|  |  |
| --- | --- |
| **SURNAME:** | **FORENAME:** |
|  |  |
| **DATE OF BIRTH:** | **GENDER:** |
|  | MALE/ FEMALE |

|  |  |
| --- | --- |
| **HOME ADDRESS:** | **TELEPHONE:** |
|  |  |
| **MOBILE:** |
|  |

**PARENTAL INFORMATION**

DETAILS OF PARENTS/ CARERS WHOM WE CAN CONTACT IN PRIORITY ORDER

|  |  |  |  |
| --- | --- | --- | --- |
|  | **NAME OF PARENT/ CARER** | **TELEPHONE NUMBER(S):** | **RELATIONSHIP TO THE CHILD** |
| **1.** |  |  |  |
|  | **NAME OF PARENT/ CARER** | **TELEPHONE NUMBER(S):** | **RELATIONSHIP TO THE CHILD** |
| **2.** |  |  |  |
|  | **NAME OF PARENT/ CARER** | **TELEPHONE NUMBER(S):** | **RELATIONSHIP TO THE CHILD** |
| **3.** |  |  |  |
|  | **NAME OF PARENT/ CARER** | **TELEPHONE NUMBER(S):** | **RELATIONSHIP TO THE CHILD** |
| **4.** |  |  |  |

**ADDITIONAL INFORMATION:**

|  |  |
| --- | --- |
| **MEDICAL INFORMATION:****(e.g. ASTHMA, ALLERGIES)** |  |
| **NAME OF PRE-SCHOOL / CHILD CARE PROVIDER:** |  |
| **NAMES OF ANY BROTHERS OR SISTERS IN SCHOOL:** |  |