

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:	