



CROSSHALL NURSERY SCHOOL

446 GREAT NORTH ROAD, EATON FORD, ST.NEOTS, CAMBS PE19 7GG

PRE-ADMISSION FORM

DATE FORM RECEIVED: YEAR OF ADMISSION:.....

CHILD'S SURNAME			
CHRISTIAN NAME(S)			
D.O.B.	CERTIFICATE SEEN	MALE/FEMALE	NATIONALITY
FATHER'S NAME		MOTHER'S NAME	
ADDRESS		Home telephone No:	
POSTCODE		Daytime/Mobile No:	
		e-mail:	
MEDICAL INFORMATION (including any special need)			
Name and date of birth of any children who attend CROSSHALL INFANT/JUNIOR SCHOOLS (or who will be attending before the above child):			

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NURSERY FORM OF RECEIPT

CHILD'S NAME.....

DATE FORM RECEIVEDYEAR OF ADMISSION

SIGNED (on behalf of Crosshall Nursery School)

SHOULD ANY OF YOUR DETAILS OR CIRCUMSTANCES CHANGE, PLEASE ADVISE THE NURSERY AS SOON AS POSSIBLE.