



CHRISTOPHER PICKERING PRIMARY SCHOOL

FOUNDATION 1- REQUEST FOR PLACE

Childs Name:		
Date of Birth:		
Name of Parent/Carer:		Relationship to child:
Address:		Telephone Number:
Please provide an email address:		
Session Preference (tick where appropriate)	AM (08.40am-11.40am)	PM (12.30-3.30pm)
Siblings currently attending Christopher Pickering PS:		
Current Nursery Setting:		
<u>It is essential</u> that you bring your child's birth certificate to the school office and with your permission, we would like to take a photocopy for our records.		
Birth Certificate seen/copy taken (delete where applicable)	NO	YES
<div style="margin-top: 20px;">PRINTED NAME _____ (Parent/Carer)</div> <div style="margin-top: 20px;">SIGNED _____ DATED _____ (Parent/Carer)</div>		