

WOOD FOLD PRIMARY SCHOOL
EXPRESSION OF INTEREST FORM

Please complete this form in block capitals and return to the School Office

CHILD'S DETAILS:

Legal Forename (s): _____

Legal Surname: _____

Previous Surname: _____

Preferred Forename (if different): _____

Preferred Surname (if different): _____

Date of Birth: _____ **Male/Female**

Name of Parents:

Mother: _____ **Father:** _____

Home address: _____

Postcode: _____

Telephone Number/s: _____

Family e-mail address: _____

Name/s of other siblings already in school: _____

Signed: _____ **Date:** _____

Please ensure you inform the School Office if any contact details change

Thank you for completing this form

Office Use Only:

Intake Year:

SIMS updated:

E-mail updated: