



Little Oaks Registration Form

Name of Child	Date of birth
Name known as	
In boxes 1& 2 please name the parents the child lives with	
1	2
Does this parent have parental responsibility? Yes/No (delete)	Does this parent have parental responsibility? Yes/No (delete)
Address	
Home Telephone	Mobile
Email Address	
Name of parent with whom the child does not live (if applicable)	Does this parent have parental responsibility? Yes/No (delete)
Address	
Home Telephone	Mobile
Email Address	
Does this parent have legal access to the child? Yes/No (delete)	
When would you like your child to start pre-school?	

Please complete and return to-

Miss Sharon Hill
Northchapel Primary School
Pipers Lane, Northchapel
West Sussex
GU28 9JA
Telephone: 01428 707352
[E-mail:office@northchapelprimary.co.uk](mailto:office@northchapelprimary.co.uk)
[Web: www.northchapel.w-sussex.sch.uk](http://www.northchapel.w-sussex.sch.uk)