



**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)