



59 Rothesay Road, Luton, LU1 1RB
 Telephone: - 01582 726966
 Headteacher: - Mrs J Brownjohn

Luton

www.rothesaynursery.co.uk

REGISTRATION FORM

| | | | |
|---------------------|--------------------|------------|---------|
| CHILD'S FIRST NAME: | | SURNAME: | |
| DATE OF BIRTH: | Birth Cert seen | Y/N | GENDER: |
| ADDRESS: | | | |
| POSTCODE: | | TELEPHONE: | |
| EMAIL ADDRESS: | | | |

HOME LANGUAGE - Please tick one or more categories as appropriate.

| | | | | | |
|----------|--|------------------------|--|---------|--|
| Bengali | | Cantonese | | English | |
| Gujarati | | Hindi | | Italian | |
| Polish | | Portuguese | | Punjabi | |
| Spanish | | Shona | | Turkish | |
| Urdu | | Other (Please Specify) | | | |

BROTHERS AND SISTERS - Please list

| Date of Birth | Name | Please tick if child attended Rothesay |
|---------------|------|--|
| | | |
| | | |

Please state **CURRENT SETTING**: (if applicable)

Please state future **INFANT SCHOOL**:

NEEDS - Please state any special reasons for wanting your child to have a nursery school place. Continue on the back of the sheet if necessary. Have you been referred by your **Health Visitor, Doctor, Speech Therapist, Social Worker** or **Learning Support Service** as appropriate.

Please tick preferred session AM PM AM or PM

| | |
|---------------------------------|--|
| PARENTS/GUARDIANS NAMES (PRINT) | |
| Date | |