

ST MARGARET'S CE VA PRIMARY SCHOOL

FOUNDATION STAGE UNIT ENQUIRY FORM



Parent's Name: ----- Date: -----

Child's Name: ----- DOB: -----

Home Address: -----

Phone Numbers: -----

Email address: -----

Start Date: -----

Please indicate below preferred sessions. (✓)

Mon am	Mon pm	Tues am	Tues pm	Weds am	Weds pm	Thurs am	Thurs pm	Fri Am	Fri pm
All day		All day		All day		All day		All day	

You will receive a letter to confirm your child is on our waiting list. We will phone you to discuss the place we can offer.