

MAGDALEN GATES PRIMARY SCHOOL AND NURSERY

REQUEST FOR A PLACE FORM

3-4 YEAR OLD

Child's full legal name _____

Child's date of birth _____

Address _____

Sex – (please circle)

Male

Female

Parent / carer name, address mobile number and email

_____ @ _____

Parent / carer name, address mobile number and email

_____ @ _____

Name of sibling at Magdalen Gates Primary School _____

30 Hour code _____

Please confirm the sessions you require by marking them with an "X"

	Monday	Tuesday	Wednesday	Thursday	Friday
08.30 -11.30					
12.30 -3.30					

I / we understand that a place at Magdalen Gates Primary School and Nursery does not guarantee a place in Magdalen Gates Primary School

Signed

Dated