



**Land of Learning Nursery and Primary School**

# Interest Form

|                                   |  |                       |
|-----------------------------------|--|-----------------------|
| CHILDS FULL NAME                  |  |                       |
| CHILDS D.O.B                      |  | PREVIOUS SCHOOL& YEAR |
| FATHERS NAME                      |  |                       |
| MOTHERS NAME                      |  |                       |
| FULL ADDRESS AND POST CODE        |  |                       |
| TWO CONTACT NUMBERS               |  |                       |
| EMAIL ADDRESS                     |  |                       |
| SIBLINGS SCHOOL                   |  |                       |
| TERM STARTING                     |  |                       |
| YEAR GROUP APPLYING FOR           |  |                       |
| <b><i>STAFF INITIALS/DATE</i></b> |  |                       |
| <b><i>NOTES</i></b>               |  |                       |