

GLEBE PRIMARY SCHOOL - NURSERY ADMISSION FORM

CHILD

FAMILY

Name:

Father's Name:

Date of Birth:

Mobile 'Phone No:

Address:

Email:

Home 'Phone Number:

Mother's Name:

Mobile 'Phone No:

Doctor:

Email:

**Medical Background:
(if any)**

**Contacts (family or friend)
Name & 'Phone No:**

Previous School:

Previous School Address:

Child's Position in Family:

Siblings:

Other Relevant Information:

Other Children's Schools: