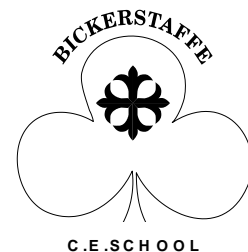


Bickerstaffe C. E. School



Admission Request Form

Please complete this form if you wish to request a place for your child at our School

Child's Surname			
First Name		Second Name	
Date of Birth		Gender	Male/ Female
Address			
Postcode		Home Telephone Number	
Mother's Name	Miss/Mrs/Ms		
Mother's Address	Same as child's - Yes/No If No please write Mother's address on reverse of this form		
Mother's Mobile No			
Father's Name			
Father's Address	Same as child's - Yes/No If No please write Father's address on reverse of this form		
Father's Mobile No			
Date Starting School	September 20..... <small>(Reception Pupils start school in the September <u>after</u> their 4th birthday)</small>		
And finally, please could we ask the following questions:			
1. Where did you hear about our school? _____			
2. Have you attended one of our Open Days?			YES / NO
3. Would you like to make an appointment to visit the school?			YES / NO
4. Do you have a School Prospectus?			YES / NO
5. Are you interested in our Fledglings pre-school group?			YES / NO

You should return this completed form to the Headteacher at:

Bickerstaffe C. E. Primary School
Hall Lane, Bickerstaffe, Ormskirk, Lancashire, L39 0EH

If you have any further queries please do not hesitate to contact us on:
Tel - 01695 722957 or email us: bursar@bickerstaffe.lancs.sch.uk