

**WOOD FOLD FLEDGLINGS NURSERY**  
**EXPRESSION OF INTEREST FORM**

**Please complete this form in block capitals and return to the School Office**

**Start date required:** \_\_\_\_\_

**CHILD'S DETAILS:**

**Legal Forename (s):** \_\_\_\_\_

**Legal Surname:** \_\_\_\_\_

**Previous Surname:** \_\_\_\_\_

Preferred Forename (if different): \_\_\_\_\_

Preferred Surname (if different): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Male/Female**

**Name of Parents/Carers:**

\_\_\_\_\_

**Home address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Telephone Number/s:** \_\_\_\_\_

**Family e-mail address:** \_\_\_\_\_

**Name/s of other siblings already in school:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please ensure you inform the School Office if any contact details change  
on 01257 400271**

**Thank you for completing this form**