



LALEHAM LEA

Catholic Independent School

29 Peaks Hill
Purley
Surrey CR8 3JJ

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secretary@lalehamlea.co.uk
www.lalehamlea.co.uk

Nursery Registration Form

Please complete in block capitals and return to the School with the Registration Fee.

Pupil Surname _____ **Christian Name** _____

Date of Birth (certificate Required) _____

Ethnicity _____

Religion _____ **Nationality** _____

Proposed Date of Entry _____

Previous Nursery attended _____

From _____ **to** _____

Sibling Names and D.O.B. _____

Parents Names: Father _____ **Mother** _____

Occupation Father _____ **Mother** _____

Home Address _____

Home Tel _____

E-mail address _____

Reasons for choosing Laleham Lea _____

Declaration: *I request that the above named child be registered as a prospective pupil and I enclose a cheque made payable to Laleham Lea School for the registration fee of £100 (non-refundable).*

Signed _____ **Date** _____

Name (print) _____

For Office Use: Fee rec'd _____ **Visit** _____