

Our Lady Immaculate Catholic Primary School



REGISTER OF INTEREST IN ENTRY TO OUR LADY IMMACULATE SCHOOL IN (year) _____

Surname: _____

Christian Names: _____

Date of Birth _____

Mother's Name: _____

Father's Name _____

Address: _____

Tel No.: _____

Mobile No.: _____

Does your child have any older brothers and sisters in

School? (Name & Age) _____

Place of Baptism: _____

(Please enclose a copy of your child's Baptismal Certificate if your child was not baptised at Our Lady Immaculate Church)

Name of any previous Nursery school: _____

Signed: _____ Date: _____