



**HUSBORNE CRAWLEY  
LOWER SCHOOL**  
School Lane  
Husborne Crawley  
Beds. MK43 0UZ  
Telephone 01525 280232  
Email: office@hclowerschool.co.uk

**Finding potential in everyone**

HEADTEACHER

Mrs Sue Isaacs

**Registration of Interest / Nursery Admission Application**

Surname..... Forenames .....

Date of birth ..... Gender: M / F (please circle)

Address.....

..... Post Code ..... Tel. No .....

Parent's Email .....

Parent's full names .....

Full names of those with parental responsibility, who are not parents

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Doctor's name and tel. no. ....

Dentist's name and tel.no .....

Medical Information .....

Please give details of allergies or any conditions requiring medical treatment in school (e.g. asthma)

Mother's workplace / occupation & tel. no. ....

Father's workplace / occupation & tel. no. ....

Contact for emergencies - please give name, tel. no and state relationship to child

1. ....

2. ....

Previous school (if any) .....

Any other information.....

Younger children in family (please give names and dates of birth) .....

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Please state where/how you first heard about our school .....

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