REGISTRATION FOR SCHOOL PLACES





Cillia						
Christian name(s)			Surname			Date of Birth
Contact name and address				Telephone numbers		
				E-mail		
Mother	Name				Signature	
Father	Name				Signature	
School which you wish to apply for: Additional						
Information	Date & Place of Baptism					
Please return to: The Parish office The Vicarage Ashford, Middlesex TW15 2NY 01784 252459		Signature		Date		
		If you wish to be contacted in the future regarding events in the parish that may be of interest to you please mark this box \Box				