

NEW PUPIL(S) INFORMATION

Name of Pupil(s):

Surname: _____

First Name(s): _____

Age(s): _____

Parent Name(s):

Surname: _____

First Name(s): _____

Email Addresses: _____

Tel No. (s): _____

Desired Start Date/Term for your child/children:

*An application pack will be forward to you via email. Once completed, signed and dated, please return to:
Admin Office, Kings Kids Christian School, 100, Woodpecker Road, New Cross, London, SE14 6EU.
Alternatively, you can hand deliver them to the school at any time during the school day.*

*When applying, please kindly include your **£100, non-refundable registration fee with your application forms.***

Thank you.

*Administrator
Kings Kids Christian School
020-8691 5813*