

FOR SCHOOL USE ONLY

DATE:

DOB CHECKED:

ADDRESS CHECKED:

SIBLING CHECKED:

INITIALS:

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| **EARLY LEARNING AND CHILDCARE APPLICATION FORM****August 2018 to June 2019** |
| Child’s First Name: | Child’s Surname: |
| Is your child known by any other name? | Date of Birth: |
| Gender: Male/Female |  |
| Parent/Guardian’s name: Mr/Mrs/Ms/Other |  |
| Address: |  |
| Post Code: | Telephone No: |
| Email address (may be used if unable to contact you via telephone): |
| Please give the name of any other person who has parental rights for this child: |
| Pre-School Centre currently attending: |  |
| Session currently attended: | am / pm / whole day |
|  Please tick this box to confirm that you are aware that if your child gets a place at nursery based on a sibling, then this does not guarantee you a place at that school for primary 1In order to help us support your child, please state your child’s home language and whether they have any additional support needs? Such as health, mobility, communication etc.  |

Please provide the name, practice and contact details for your Health Visitor or Named Person:

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| If you are resident in the city and your child has a daily guardian/carer, please complete a Childcare Information Form – without this form no childcare details will be considered. |

Please write the name of the school you wish to apply for and the session of your choice in order of preference.

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|  | School Name | AM Session | PM Session | Either |
| 1st Choice |  |  |  |  |
| 2nd Choice |  |  |  |  |
| 3rd Choice |  |  |  |  |
| 4th Choice |  |  |  |  |
| 5th Choice |  |  |  |  |

**It is not always possible to allocate your preferred session but by completing this form you will assist the Head Teachers to make decisions about the composition of their nursery classes**

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| Signature of Parent/Guardian: | Date: |