

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 1  In 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: |