

Pre-school Application Form**KNOWN NAME****(Name you would like your child to be called in school)**

You are invited to complete this application if you are interested in a pre-school place at this school for your child. This includes parents who already have an older child in the school. You must not assume that a place has been reserved for your child because you have completed this form. **PLEASE COMPLETE IN BLOCK LETTERS USING BLACK INK. Please note you will be required to provide proof of your address to the school, this could be either (i) two utility bills or (ii) registration for council tax and one utility bill, in all cases showing your name and address and proof of your child's date of birth (either birth certificate or passport).**

Application for Admission to: **Queenswell Pre-School**

Child's Surname _____ First Name(s) _____

Child's Address _____ Date of Birth 20Post Code _____ Sex Male Female Are there any younger children in the family? Yes No If YES Please give dates of births

Date of Birth _____ 20 Date of Birth _____ 20 Date of Birth _____ 20

Name(s) of parent(s) or adult(s) with parental responsibility as defined in the Children Act 1989*

Relationship to Child	Initials	Title and Surname	Address (if different to above)	Home Tel. No.	Work/mobile No.

Does your child have medical, social or educational needs which this school is particularly able to meet? If your child is to be considered exceptionally, you must provide a written statement from a doctor, social worker or other appropriate professional. There must be a very specific connection between your child's need and this particular school.

Please indicate by ticking in this box if you are applying under this criterion (1) and that you have supplied written statement(s) as described above for consideration.

Does your child attend a nursery or playgroup at present? Yes No Name of School _____

Does your child have brothers/sisters attending Queenswell Infants or our linked Junior school: Yes No If YES Please give details

Name _____ Date of Birth _____ Name _____ Date of Birth _____

Are you eligible for Free Early Education for 2 year olds?*(*Please visit <https://www.gov.uk/childcare-calculator> to check your eligibility)Yes No

(please continue over page)

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From: the Head Teacher of **Queenswell Pre-school****To:** the parent(s)/carer(s) of _____

I have received your Application Form for a place at the Pre-School and your child's name is on our waiting list. Places will be allocated according to our admissions policy. **Please keep this slip as a record of your application.**

Date _____ Signed _____ (Head Teacher) _____

Additional Information:

If you wish, give any other reasons for wanting your child to attend this school.

Signature of parent(s) or adult(s) with parental responsibility*

Date

*Further information about the definition of adults with parental responsibility may be obtained from the school

FOR SCHOOL USE

Confirm address overleaf is correct
(i.e. that requested proof has been seen) Yes No

If parents are unable to provide proof of address, please let the Admissions Section know when returning the computer download.

Note to schools: Parents who have not registered with a school but apply directly to the LEA will be expected to provide proof of address to the LEA.

Birth Certificate seen Yes No

Date: _____

Initials: _____

Exceptional Circumstances (criterion 1)

Statement provided by _____

Please return the paperwork to the Admissions Section when returning the computer download.

Eligibility code given

