



Application for Admission to Church Leigh Preschool

You should complete and return your application form directly to the School Office.

CHILD'S DETAILS

Child's Legal Surname: Date of Birth:

Child's Legal First Name: Male: Female:

Full Postal Address:
(including postcode)

NB: it is your responsibility to advise the School Office immediately if these details change.

Is your child a twin of triplet, etc (one of multiple birth)? Yes No

If yes, please provide the names of related applications:

Please tick each box as appropriate

Is this child in the care of a local authority?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Has the child previously been in the care of a local authority but has since been adopted (or become subject to a residence order or special guardianship order since being in public care?) **If 'Yes' to either of the above, please provide Social Worker and Local Authority contact details in the box below:**

<input type="checkbox"/>	<input type="checkbox"/>
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From a returning Service/Crown Servant family?

<input type="checkbox"/>	<input type="checkbox"/>
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Does this child have a statutory statement of educational need or Education, Health and Care Plan?

<input type="checkbox"/>	<input type="checkbox"/>
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DETAILS OF PERSON COMPLETING THIS FORM

Surname: Please indicate title Mr / Mrs / Miss / Ms

First Name:

Relationship to Child:

Contact Number:

Email Address:

DECLARATION AND SIGNATURE OF APPLICANT

The information provided on this application form will be used to ensure that the schools records are correct. It may also be shared with other agencies and service providers to ensure that your child receives an appropriate service.

I certify that the information I have provided is true to the best of my knowledge, and understand that any false or deliberately misleading information provided on this form and/or supporting papers may render this application invalid and could lead to the withdrawal of an offer of a school place for my child. I also give my consent for the School to contact relevant agencies in order to validate this application.

Before returning this form please sign to agree that you have:

- consulted with any other persons who have parental responsibility for this child.
- provided any supportive evidence required to assess your application; completed any supplementary forms necessary.

Signature:

Date:

Please indicate below sessions required:

Please check with preschool for current opening days/times.

Start Date: _____

Monday	am <input type="checkbox"/>	lunch <input type="checkbox"/>	pm <input type="checkbox"/>
Tuesday	am <input type="checkbox"/>	lunch <input type="checkbox"/>	pm <input type="checkbox"/>
Wednesday	am <input type="checkbox"/>	lunch <input type="checkbox"/>	pm <input type="checkbox"/>
Thursday	am <input type="checkbox"/>	lunch <input type="checkbox"/>	pm <input type="checkbox"/>
Friday	am <input type="checkbox"/>	lunch <input type="checkbox"/>	pm <input type="checkbox"/>

FUNDING –

Please indicate below if your child is entitled to any of the following funding:

Think 2 Funding For 2-year olds

15 hours universal funding for 3-year olds 30 hours funding*

*Please provide your code for 30 hours funding: _____

Please advise the school office if you currently use 'Stretched Funding' at another site.

Children aged under 5 are entitled to free milk in school, please tick if you wish your child to have milk

Please advise of any food intolerances:

Please advise of medical conditions we should be aware of:

