



APPLICATION FOR A PLACE AT CLAYTON-LE-WOODS CE PRIMARY SCHOOL PRE-SCHOOL

CHILD'S DETAILS:

Child's Full Name:

Date of Birth:	Male/Female:
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NHS Number:	Proposed start date in Pre-School:
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Child's Address (including postcode):

PARENT/CARER DETAILS (please provide names and addresses of each parent/main carer who has parental responsibility for the child):

Full Name:	Daytime telephone number:
Relationship to Child:	
DOB:	Mobile phone number:
NI Number:	
Address and Postcode (if different to the child):	Email address (used for correspondence):

Full Name:	Daytime telephone number:
Relationship to Child:	
DOB:	Mobile phone number:
NI Number:	
Address and Postcode (if different to the child):	Email address (used for correspondence):

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In shared custody arrangements, please give details of child's living arrangements (e.g. days of the week at different addresses):

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Is the child in public care (looked after)?	Yes/No
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SIBLINGS: These are defined as brothers, sisters, half-brothers, half-sisters, step brothers, step sisters, adopted and fostered children living with the same family at the same address (at the time of admission).

Full Name:	Date of Birth:	Male/Female:
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MEDICAL, SOCIAL OR WELFARE CIRCUMSTANCES OF THE CHILD OR FAMILY (these will be treated in the strictest confidence. Please provide supporting evidence if required).

Does your child have any medical conditions (e.g. disability or illness):

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Has your child had any previous illnesses that we need to be aware of:

Does your child have, or are you currently concerned about any additional needs (inc. EHCP, not toilet trained):

Does your child have any special requirements that we need to be aware of (e.g. allergies, dietary needs, religious considerations etc):

Did your child have their 2-year-old progress check?	Yes	No
If the answer is no, please explain why this did not take place:		
<i>Please provide the school office a copy of their 2-year-old progress check for your child's records.</i>		

Has your child/family been seen by or continues to be supported by any of the following (please tick where appropriate. If any boxes are ticked, please give additional details below):

Educational psychologist		Speech and language		Occupational therapist	
Clinical psychologist		Specialist health visitor		Physiotherapist	
Epilepsy nurse		Teacher of the visually impaired		Other	
Social worker		Audiology health visitor			
Additional details (please include names and contact details of professionals continuing to support child/family):					

Family circumstances that we should be aware of (e.g. court orders):

PREVIOUS CHILDCARE SETTINGS

Has your child attended another setting before? If so, please give details:

SIGNATURES

I/we acknowledge that the information given on this form is accurate:

Print Full Name: _____

Signed: _____ Date: _____

Print Full Name: _____

Signed: _____ Date: _____

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