St Joseph's Pre-School

Priory Road, Chalfont St Peter, Buckinghamshire, SL9 8SB

ADMISSION FORM [CONFIDENTIAL]

PRE-SCHOOL ADMISSION APPLICATION FORM	
Legal Surname:	
First Name(s):	
Date of Birth:	
Gender: Male/Female	
Languages used at home:	
Main Language used:	

The address on the application form should be your child's normal home address at the time of application. We may ask for proof of address should this be necessary.

Normal Home Address (This is the address at which the child normally lives)	 **Postcode:**
Name & Address of current (or most recent playgroup/nursery)	 If now left the setting, please give the last day of attendance. ………………………………………
Permission to contact previous setting	**Yes / No**

2. YOUR DETAILS

Parent 1 Relationship to child	
Name	
Address	
Postcode	
Email Address	
Home/Daytime telephone number	
Mobile number	

Parent 2 Relationship to child	
Name	
Address	
Postcode	
Email Address	
Home/Daytime telephone number	
Mobile number	

You may find the following information regarding parental responsibility useful: 'if a father is not married to a child's mother, it may only be the mother who has responsibility for the child in law. This is automatic, from the birth of the child. The father may not have parental responsibility automatically, and can only acquire it by the mother giving it to him, or by the court ordering it. If the child was born after the 1st December 2003 and the father's name is on the birth certificate he will also have parental responsibility.'

Are you applying on behalf of a 'child in care' of a Local Authority?	**Yes / No** If 'Yes' please tell us which local authority supports the child and give a social worker contact details as follows: Social Worker contact name: Telephone number: Local Authority:

Does your child have an Education, Health and Care Plan (EHCP)?	**YES / NO**
Does your child have any medical issues we need to be aware of?	**YES / NO**
Does your child have any siblings attending St Joseph's School or will they have at the point of entry?	**YES / NO** If 'Yes' please give details of sibling's name and date of birth:
Do you believe your child may meet the criteria for two-year-old funding or the Early Years Pupil Premium?	**YES / NO** If 'Yes' you will need to provide a copy of your confirmation letter and code.

3. PREFERENCE OF SESSION TIMES

Please tick the tables below, indicating the preferred session you would like your child to attend and whether you think the session would be funded or fee paying. Please note that:
- expressing a preference does not guarantee availability
- you can have 5 funded sessions consisting of either full or half days
- 1 additional session may be available upon request – via the school office (this is chargeable).

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning 8.45am – 11.45am					
Afternoon 11.45am- 2.45pm					

All children are eligible for pre-school funding in the term after their 3rd birthday, although sessions are available at a charge before this. If your child is eligible for funding from the age of 2, please speak to the school office. Please indicate when you would like your child to start should a place be available.

	Indicate Year		
	202x-202x	202x-202x	202x-202x
September (Autumn Term)			
January (Spring Term)			
April (Summer Term)			

4. PARENTAL DECLARATION

I certify that I have parental responsibility for the child named in Section 1, and that this application has the agreement of all parents/carers listed in section 2.

I confirm that the information I have provided is to the best of my knowledge correct and up to date. I understand if I give any false or deliberately misleading information on this form and / or supporting papers or withhold any relevant information, this may lead to the withdrawal of an offer of a nursery place for my child.

Signature of parent/carer		Date:	

Once completed you should return this form to the school office at the following address:

St Joseph's Catholic Primary School
Priory Road
Chalfont St Peter
Bucks
SL9 8SB

Email: office@stjosephschalfont.school