

To be completed by all pre-school settings					
Birth certificate verified		Home address verified		Receipt given	
yes	no	yes	no	yes	no
Name:			Date:		

Early Years Pre-School Education Application Form Session 2013-14

PLEASE COMPLETE IN BLOCK CAPITALS
If you have difficulty with this form, please
contact your Pre-School Setting for help

To only be completed by Local Admission Panels	
Priority:	
CSN based on home address:	
Signature of HT/Leader:	
Print Name:	Date:

Name of Pre-School setting you are applying for:

Choice 1

Choice 2

Choice 3

Child's Forename(s) Surname

Address Postcode

Child's date of birth Gender: Male Female (please circle) Child's main language

Please indicate the number of sessions for which you wish to enrol your child (maximum 5)

I confirm that I will ensure that my child normally attends for the number of sessions indicated.

Signed Date

Does your child have additional support needs?

Tick box if yes

(This may be for health/medical needs, accessibility to Pre-School Setting buildings, specific learning difficulties. It may not be possible for the setting of your choice to provide for your child's needs. Please discuss these needs with the Pre-School Setting of your choice who will advise you)

Please give brief details of any additional support needs that will require to be addressed:

.....

.....

Name of professional with most involvement regarding this need

Profession: Health Visitor Speech & Language Therapist Social Worker Community Paediatrician
(tick one box only)

Educational Psychologist Other (specify)

Address of this professional

Please take your child's birth certificate and evidence of your home address (for example a recent utility bill or recent bank statement) with you when you submit the completed application form to the pre-school setting of your choice.

Applications cannot be processed without proof of identity and home address.

Parent Contact Details

* Parent/Carer full name and title (1)

* Parent/Carer full name and title (2)

* Home Telephone Number(s)

Mobile Telephone Number(s)

* DayTime Contact Number(s)

Contact email address(es)

Does the child currently attend a pre-school setting? Tick box if yes

If yes, please give name of setting

Does any other child in the family attend the Pre-school Setting/School of first choice? Tick box if yes

Please provide name and date of birth of this child. Only provide information for sibling who will be remaining in the Pre-School Setting/School for session 2013-14.

Name Date of birth

Pre-school Education Entitlement commences August 2013 January 2014 April 2014
(Please tick box)

Expected start of Primary Education August 2014 August 2015
(Please tick box)

The information on this form will be processed electronically for administrative purposes. This information is confidential. The processing and storage of this information will comply with Data Protection Act 1998. Items marked * will be held by Aberdeenshire Education Learning & Leisure Service, passed to e-care Grampian, Careers Scotland and to the Scottish Government Education Department as part of ScotXed return for statistical purposes. Please assist us by telling Pre-School setting promptly if any of this information changes.

The Education, Learning & Leisure Service, as part of Aberdeenshire Council, may share any information you give us with other Aberdeenshire Council Services or Government departments as required by law where relevant for their purpose. We will only reveal information where we have your permission or where we have to supply information for a service that you have requested. We do not sell or rent information to anyone.

I certify that, to the best of my knowledge, the information contained in the above Early Years Pre-School Education Application Form is correct.

Parent/Carer name (Please Print)

Relationship to the child

Parent/Carer Signature Date

Child's Name Date of Birth