



APPLICATION FOR ADMISSION TO AMBLECOTE PRE-SCHOOL

Please complete all parts. Completion of this form does not automatically allocate you a place at Amblecote Pre-school.

Child's First Name Surname

(please tick as appropriate) Female ☐ Male ☐

Date of Birth Expected Date of Entry to Pre-school

Child's Home Address

Postcode

Is the child in public care of a Local Authority? Yes ☐ No ☐

If yes please state which Local Authority

Name of brothers/sisters or stepbrothers/sisters attending school.

.....

I would like my child to be considered for a **30-hour** place yes/no (delete as appropriate)
This is reviewed on a yearly basis

I would like my child to be considered for either an **am /pm** place (delete as appropriate)
Please circle days you would like to be allocated: Mon Tues Weds Thurs Fri

Details of Parents

Mother, Title Initial Surname

Address (if different to child)

Father, TitleInitial Surname

Address (if different to child)

Home Number Mobile

Email address

Signature of Parent

Date of application

Attendance at Pre-school does not guarantee the child a place at Amblecote Primary or give any advantage to this child in the admissions process.