**REGISTRATION FORM**

**(Please, provide as much information as possible as this is used to allocate places, see attached Admission Policy.)**

|  |  |
| --- | --- |
| **CHILD’S FIRST NAME(S):**  **………………………………………………** | **SURNAME:**  **…………………………………………………** |
| **D.O.B.:** | **GENDER:** |
| **ADDRESS: ……………………………………………….**  **……………………………………………….**  **POST CODE:….………………………….** | **PARENTS NAME: .……………………….**  **PHONE NO.: ………………………………..**  **DATE OF BIRTH: ………………………….**  **NI NUMBER: ………………………………..** |

**WHICH SITE ARE YOU APPLYING FOR – Please circle.**

MOSSDALE, Hockwell Ring LEABANK, Marsh Farm

**WHICH SESSION ARE YOU APPLYING FOR – Please circle.**

AM (8:30-11:30) PM (12:30-3:30) All Day (30 Hours)

|  |  |
| --- | --- |
| **Yes** |  |
| **No** |  |

**Would you require any additional paid wraparound care** (i.e. before/after school)?

**If yes please give details………………………………………………………………………**

**…………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………**

**WHICH TERM WOULD YOU PREFER YOUR CHILD TO START? – Please circle.**

Autumn (September) Spring (January) Summer (April)

**WHICH YEAR? ……………………………**

**FUNDING**

Please tick.

|  |  |
| --- | --- |
| I am entitled to a 2 year funded place |  |
| I am applying for a 3 year old 15 hours funded place |  |
| I am entitled to a 30 hours funded place and my code is …………………. |  |
| I will be paying for the place |  |

**ACCOMMODATION**

What type of accommodation do you live in? Please tick.

|  |  |
| --- | --- |
| High Rise Flat |  |
| Low Rise Flat/Maisonette |  |
| House |  |
| Temporary Accommodation |  |

**FAMILY NEEDS** – Please tick.

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Are you a lone parent? |  |  |
| Do you or any family member (other than the applicant) have a disability? |  |  |
| Are you a teenage parent? |  |  |
| Are you currently employed? |  |  |
| Are you currently studying / training? |  |  |
| Is the child looked after by the Local Authority (LAC)? |  |  |
| Was the child previously looked after by the Local Authority (LAC)? |  |  |
| Is the child subject to a child protection plan? |  |  |
| Is the child subject to a child in need plan? |  |  |
| Does your child have a Special Educational Need (SEN)?  If yes, please give details |  |  |

**HOME LANGUAGE**

|  |  |
| --- | --- |
| **Yes** |  |
| **No** |  |

Is English the main language spoken at home?

If No, please specify……………………

If Yes, are any other languages spoken at home? ………………………………………………………………

**FAMILY** - Other Children in the Family

|  |  |  |
| --- | --- | --- |
| Name | Age | Previously Attended? |
|  |  | Y/N |
|  |  | Y/N |
|  |  | Y/N |
|  |  | Y/N |

|  |  |
| --- | --- |
| **Yes** |  |
| **No** |  |

**REFERRAL** – Have you been referred by a speech therapist, social worker or Learning Support Service.

**If yes, please give the Name and position of the person making the referral**

**…………………………………………………………………………………………………………**

**Signature of Parent/Guardian: …………………………………… Date: ..………………**