



## Lings Pre-School Application Form

### CHILD

Legal First Name:.....

Legal Surname.....

Date of Birth..... Gender.....

### PARENT/GUARDIAN CONTACT DETAILS

**Priority 1 Parental**

**Responsibility Y/N**

**Court Order Y/N**

Name .....

Home Address .....

.....

Work Address .....

Email .....

Home Tel .....Mob .....Work .....

For Funding Claim

Parent Date of Birth .....Parent NI Number .....

**Priority 2 Parental**

**Responsibility Y/N**

**Court Order Y/N**

Name .....

Home Address .....

.....

Work Address .....

Email .....

Home Tel .....Mob .....Work .....

### EMERGENCY CONTACTS

**Priority 1 Name** .....**Relationship**

**Priority 2 Name** .....**Relationship**

**SIBLINGS AT SCHOOL**

Name .....DOB.....School.....

Name .....DOB.....School.....

Name.....DOB.....School.....

Preferred Start Date.....

Please tick which sessions you would like:-

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning Session	08:45 -11:45	08:45 -11:45	08:45 -11:45	08:45 -11:45	08:45 -11:45
Afternoon Session	12:15 -15:15	12:15 -15:15	12:15 -15:15	12:15 -15:15	12:15 -15:15

**Has your child attended any other Nursery/Pre School Setting if Yes please provide name of Setting and dates attended**

Nursery/Pre School	Date

**Does your child have any additional requirements that the school should be made aware**

of.....

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**Any other relevant information:**.....

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Signature.....Date.....

Name: ..... Title.....  
(in block capitals)

Please return to the school office  
Lings Primary School, Hayeswood Road, NN3 8NN [Tel:- 01604 410369](tel:01604410369)

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