



AMBLE LINKS PRIMARY SCHOOL
2-YEAR-OLD PROVISION APPLICATION FORM



Child's Full Name:	Gender:
Date of Birth: <small>(We will need to see proof of this through a birth certificate)</small>	Main Language Spoken:
Address: Postcode:	Names and ages of any other children in the family.
Parent's Email address:	

CONTACT DETAILS

In order of call preference please give full name and details of parents and other responsible adults who can be contacted in case of an emergency.

Name	Relationship to Child	Home contact number	Mobile contact number

PLEASE GIVE DETAILS OF ANY PREVIOUS CHILDCARE/NURSERY PROVISION ATTENDED

(We will seek information from any providers to ensure the smoothest possible transition for your child)

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Any Special Needs?

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Name of Health Visitor:

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Has the Health Visitor's 27 Month Check been completed: YES/NO

If 'Yes' – please provide a copy

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IMPORTANT

Please give details of any **MEDICAL CONDITIONS, MEDICAL HISTORY or ALLERGIES** that your child has. It is vital we have this information as early as possible to ensure that we are able to provide the appropriate level of support for your child.

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(This information is to help us to predict future numbers)

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- I confirm that I have received and read a copy of Amble Links Primary School's 2-Year-Old Provision Admissions Policy.
- I understand that receiving a place in Little Pebbles does not automatically entitle my child to a place in the Nursery or Reception class at Amble Links Primary School.
- I understand that if a place is secured, good attendance is expected.

DATE: _____

For Office Use Only		
Application Form Received Date		
Funding Stream	FUNDED	PAID
Funding Letter Received Date		
Copy of Birth Certificate Received Date		
Term Eligible to Start		
Data Collection Pack Issued		
Data Collection Pack Returned		