

Early Years Education Application Form Session 2014-15

To be completed by all Early Years Education settings					
Birth certificate verified		Home address verified		Receipt given	
yes	no	yes	no	yes	no
Name:			Date:		

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

PLEASE COMPLETE, IN BLOCK CAPITALS,

ONLY ONE FORM AND SUBMIT TO THE SETTING OF YOUR FIRST CHOICE

If you have difficulty with this form, please contact your Early Years Education setting for help

Name of Early Years Education 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 Early Years Education 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 Early Years Education 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 Early Years Education 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)

* Day Time Contact Number(s)

Contact email address(es)

Does the child currently attend an Early Years Education setting? Tick box if yes

If yes, please give name of setting

Does any other child in the family attend the Early Years Education 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 Early Years Education setting/School for session 2014-15.

Name Date of birth

Early Years Education Entitlement commences August 2014 January 2015 April 2015
(Please tick box)

Expected start of Primary Education August 2015 August 2016
(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 Council's Education Learning and 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 the Early Years setting promptly if any of this information changes.

The Education, Learning and 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 Education Application Form is correct.

Parent/Carer name (Please Print)

Relationship to the child

Parent/Carer Signature Date

Child's Name Date of Birth