



Barford St Peters Pre-School

Request for Admission Form

Child's Name.....

Address.....

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Child's Date of Birth.....

Requested Start Date.....

Parent / Carer Name.....

Mobile/home Phone.....

Email.....

Preferred Sessions

AM Session – 8:30am – 11:30am

PM Session – 12:00pm – 3:00pm

All Day Session – 8:30am – 3:15pm

Please ring to discuss funded only options.

Monday AM PM All day

Tuesday AM PM All day

Wednesday AM PM All day

Thursday AM PM All day

Friday AM PM All day

Does your child have a statement of Special Needs **Yes/No** (If selected Yes please write down any relevant information, this is so we can plan the right transitions and settling sessions for your child:

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Signed.....

Date.....Please return completed form to the main school office.

Thank You