



South Otterington Primary School, South Otterington, Northallerton, N.Yorks DL7 9HD

10.3 Application to Join

South Otterington Community Pre School's Application Form

South Otterington Primary School, Northallerton N.Yorks DL7 9HD

[Telephone number and email address]

[Charity Number and/or Company Registration Number]

Personal details

First name(s) of child: _____

Surname of child: _____ Date of birth: _____

Full address: _____

_____ Postcode: _____

Parent/carer name (1): _____

Relationship to child: _____

Full address (if different): _____

_____ Postcode: _____

Daytime/work tel: _____ Home: _____ Mobile: _____

Parent/carer name (2): _____

Relationship to child: _____

Full address (if different): _____

Postcode: _____

Daytime/work tel: _____ Home: _____ Mobile: _____

Session request

Preferred start date: _____

Please tick the sessions you would like your child to attend:

[Breakfast] Monday Tuesday Wednesday Thursday Friday

[Morning] Monday Tuesday Wednesday Thursday Friday

[Lunch] Monday Tuesday Wednesday Thursday Friday

[Early afternoon] Monday Tuesday Wednesday Thursday Friday

[Late afternoon] Monday Tuesday Wednesday Thursday Friday

This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available. **Please note that completion of this form does not guarantee a place for your child,**

Once your child is offered a place and you accept it, on admission further personal information and family details are required for our records. Your child's birth certificate is required at this point with a copy made for our file.

If you find that you no longer need the place, please inform us as soon as possible.

Signed parent/carer (1): _____ Date: _____

Signed parent/carer (2): _____ Date: _____

Please be advised that this application form and offer of a place is subject to our terms and conditions provided to you. By signing this document, you acknowledge that you have read, understood and agree to these terms and conditions.

For office use only:

Deposit paid: _____ Date paid: _____

Tear off the following part to return to the parent(s)

A place will be available for _____ (child's name)

* on _____ (date) * or; we will notify you when a place becomes free.

Signed on behalf of the provider: _____

Name: _____ Job title: _____

*Please delete whichever is not applicable.