

# APPLICATION FOR A PLACE IN FOUNDATION 1



<b>CHILD'S SURNAME</b>	<b>CHILD'S FIRST NAME(S)</b>	<b>DATE OF BIRTH:</b>
		<b>MALE/FEMALE:</b>
<b>HOME ADDRESS:</b>		<b>HOME TELEPHONE NUMBER:</b>
<b>POSTCODE:</b>		
<b>PARENTS/CARERS DETAILS AT THE CHILD'S HOME ADDRESS</b>		
<b>TITLE (MR/MRS/MISS)</b>	(1)	(2)
<b>NAME</b>		
<b>RELATIONSHIP TO CHILD</b>		
<b>MOBILE TELEPHONE NUMBER</b>		
<b>WORK TELEPHONE NUMBER</b>		
<b>EMAIL ADDRESS</b>		
<b>NAMES AND AGES OF BROTHERS/SISTERS</b>		
<b>ANY OTHER USEFUL INFORMATION</b> I.E. MEDICAL BACKGROUND/ALLERGIES/VISION/HEARING/ASTHMA		
<b>WHAT IS YOUR HOME LANGUAGE?</b>		
DOES YOUR CHILD SPEAK ANY OTHER LANGUAGES?		
<b>RELIGION</b>	<b>ETHNIC GROUP</b>	<b>COUNTRY OF ORIGIN</b>
HAS YOUR CHILD HAD ANY PRE-SCHOOL EXPERIENCE? YES/NO IF SO WHERE?		
<p>NURSERY RUNS ALL DAY MONDAY, TUESDAY AND WEDNESDAY AM (BEGINNING OF THE WEEK) OR WEDNESDAY PM, ALL DAY THURSDAY AND FRIDAY (END OF THE WEEK) PLEASE INDICATE YOUR PREFERENCE:</p> <p style="text-align: center;"> <input type="checkbox"/> BEGINNING OF WEEK                  <input type="checkbox"/> END OF WEEK                  <input type="checkbox"/> 30 HOURS EFE  <span style="margin-left: 650px;">(subject to availability)</span> </p>		
I AM FULLY AWARE THAT A PLACE IN FOUNDATION 1 DOES NOT GUARANTEE A PLACE IN FOUNDATION 2 AND THAT I HAVE TO APPLY THROUGH SHEFFIELD CITY COUNCIL		
<b>SIGNED:</b>		<b>DATE:</b>