



Welcome, and thank you for applying for a place at our school.

Your child's details:

FORENAME		SURNAME	
MIDDLE NAME(S)		CHOSEN NAME	
SEX	Male / Female	DATE OF BIRTH	
HOME ADDRESS/ POSTCODE			

Parent/Carers Details

TITLE		FORENAME		SURNAME	
HOME ADDRESS/ POSTCODE					
MOBILE PHONE NUMBER			HOME PHONE NUMBER		
EMAIL			RELATIONSHIP TO CHILD		

Parent/Carers Details

TITLE		FORENAME		SURNAME	
HOME ADDRESS/ POSTCODE					
MOBILE PHONE NUMBER			HOME PHONE NUMBER		
EMAIL			RELATIONSHIP TO CHILD		

Does your child have any allergies? Yes*/No*

Please tell us if your child has any allergies or medical needs:

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Does your child have any additional needs? Yes*/No*

Please tell us if your child has any specific needs to help us support him/her:

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Please provide us with details of professionals who work with your child:

GP Practice	
Health Visitor	
Social Worker	

Please tick the box to indicate which age group you are applying for:

	Paid	Free (Funded)	<i>If your child qualifies for the FREE funding please provide your voucher code and your national insurance number below:</i>
9 months – 2 year old room			
2-3 years old room			
3-4 years old room			

Please email golden ticket confirmation letters to bursar@appletree.lancs.sch.uk

Please tick the box to indicate which session pattern you would like:

15 hours	5 x morning sessions (9:00am – 12:00pm)	
15 hours	5 x afternoon sessions (12:00pm – 3:00pm)	
15 hours	Monday & Tuesday 9:00am – 3:00pm Wednesday 9:00am – 12:00pm	
15 hours	Wednesday 12:00pm – 3:00pm Thursday & Friday 9:00am – 3:00pm	
30 hours	Monday – Friday 9:00am – 3:00pm	

Please note we are a sessional setting and do not accept hourly spaces.

Other patterns may be available on request. Please speak to office staff.

Parents can also opt to pay for additional sessions subject to availability.

Signed: _____

Print: _____

Date: _____