



William Leech C of E Primary School

2 Year Old Application Form



Pupil Information

Forename(s):		Surname:	
Gender:		D.O.B:	
Address:			
		Postcode:	
Ethnicity:		Religion:	
		First Language:	

Session Preference:	Morning Session	Afternoon Session	Either
Previous/Current Nursery:			

Parent/Guardian Information

Forename:		Surname:	
Address:			
Home Telephone:		Mobile Telephone:	
Work Telephone:		Relationship to Child:	
Parental Responsibility:	Yes / No		

Forename:		Surname:	
Address:			
Home Telephone:		Mobile Telephone:	
Work Telephone:		Relationship to Child:	
Parental Responsibility:	Yes / No		

Siblings attending William Leech C of E Primary School

Name:		Campus:		Year Group:	
Name:		Campus:		Year Group:	
Name:		Campus:		Year Group:	

Additional Information

Does your child have an Education and Health Care Plan?	Yes	No
Does your child currently receive Speech and Language Therapy?	Yes	No
Is your child a Looked After Child?	Yes	No
Medical Conditions:		
Dietary Needs:		
Allergies:		

OFFICE USE ONLY

Admission:		Spreadsheet:		SIMS:	
------------	--	--------------	--	-------	--