



## EARLY YEARS APPLICATION FORM: ABBOTS LANGLEY SCHOOL

PLEASE USE BLOCK CAPITALS			
<b>Child details</b>			
<b>First name:</b>			
<b>Middle name:</b>			
<b>Family name:</b>			
<b>Date of Birth:</b>	/ /	<b>Gender:</b>	M/F
<b>NHS number:</b>	_ _ _ / _ _ _ / _ _ _ _ _		
<b>Your relationship to the child:</b> (e.g. mother/father/carer/ stepmother/father/ social worker)			
<b>Your child's permanent address (at time of application)</b>			
<b>Address:</b>			
<b>Special Educational Needs</b> <i>Does your child have a Statement of Special Educational Needs or Educational Health and Care Plan (EHCP)?</i>		<b>Yes/No</b>	
<b>At risk</b> <i>Is your child, or a sibling of your child, subject of an inter-agency child protection plan and has been placed on the Child Protection Register? (Please provide evidence with this form)</i>		<b>Yes/No</b>	
<b>Children in Public Care</b> <i>Is your child looked after, or was previously looked after and is now adopted, or with a child arrangements or special guardianship order?</i>		<b>Yes/No</b>	
<b>Social or medical reasons</b> <i>Do you have a particular medical or social need to go to this school? (Please provide supporting evidence with this form)</i>		<b>Yes/No</b>	
<b>If you have a sibling at this school, enter their name and date of birth:</b>			
<b>Early years setting child attends or has attended (if applicable)</b>			