

BARFORD ST. PETER'S PRE-SCHOOL

REQUEST FOR ADMISSION FORM

Child's date of birth:

I wish to apply for a place for my child:

Name:

Address:
.....
.....

Parent/Carer's name:

Daytime Tel:

Mobile:

Email:

Preferred Sessions (these will be taken into account if possible), please circle:

| | | | |
|-----------|-------------|-------------------|---------------|
| Monday | 9 – 12 noon | 12.15 – 3.15 p.m. | 9 – 3.15 p.m. |
| Tuesday | 9 – 12 noon | 12.15 – 3.15 p.m. | 9 – 3.15 p.m. |
| Wednesday | 9 – 12 noon | 12.15 – 3.15 p.m. | 9 – 3.15 p.m. |
| Thursday | 9 – 12 noon | 12.15 – 3.15 p.m. | 9 – 3.15 p.m. |
| Friday | 9 – 12 noon | 12.15 – 3.15 p.m. | 9 – 3.15 p.m. |

Number of sessions requested:

Signed:

Date:

Please return the completed form to the School Office. Thank you.