

**FOR PRE-SCHOOL USE**  
 Received by 1<sup>st</sup> preference provider  
 Date  Time  Initials   
 Birth Certificate checked & attached   
 Target Age  Young Age



# EDUCATION AND LIBRARY BOARDS OF NI

## APPLICATION FOR ADMISSION TO PRE-SCHOOL EDUCATION IN THE 2012/13 SCHOOL YEAR

Please read the Board's Information Booklet(s) before completing this form. Pay particular attention to the guidance on completing the form and the Admissions Criteria of the schools/playgroups/private nurseries which you are nominating as preferences. Schools/playgroups/private nurseries are hereafter called providers. This form only refers to applications to providers with places funded by a Board. **PLEASE COMPLETE IN BLACK INK**

### SECTION A **YOUR CHILD**

Child's Forename(s)\* \_\_\_\_\_ Child's Surname\* \_\_\_\_\_  
 (\*as recorded on birth certificate)

Male  Female  Child's Date of Birth \_\_\_\_\_ **BIRTH CERTIFICATE SHOULD BE ATTACHED TO THIS FORM**

Name(s) of Parent(s) or Guardian(s) Dr/Mr/Mrs/Miss/Ms \_\_\_\_\_

Child's Home Address \_\_\_\_\_

Postcode \_\_\_\_\_

Parent's/Guardian's Tel Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

### SECTION B **PREFERENCES, SESSIONS, AND REASONS FOR CHOICE**

Before completing this section you should read the admissions criteria. **Providers cannot be held responsible for refusing your child a place if you do not detail the relevant information on this form or do not attach any documentation requested.** Relevant information MAY include: nearest provider to child's home; living in Parish; brother(s)/sister(s) are attending or have attended; details of special circumstances (evidence may be required). Where a school provider has both full-time and part-time sessions you may have to list the school twice as a preference. Under SESSION below please record your preferences – tick FT (Full-time) or PT (Part-time). **(NOTE: FT is usually 4½ hours per day, 5 days per week. PT is usually 2½ hours per day, 5 days per week)** If you do not nominate sufficient preferences there is a possibility your child will not secure a pre-school place.

**PREFERENCES** State Name of Provider and reasons for preference which relate to Admissions Criteria (continue on a separate sheet if necessary)

**SESSION** (see above) (FT or PT) please tick ✓

For Board Use

	For Board Use	
	Selected	Not Selected
1 <sup>st</sup> _____ Reasons for preference: _____	<input type="checkbox"/> FT <input type="checkbox"/> OR <input type="checkbox"/> PT	
2 <sup>nd</sup> _____ Reasons for preference: _____	<input type="checkbox"/> FT <input type="checkbox"/> OR <input type="checkbox"/> PT	
3 <sup>rd</sup> _____ Reasons for preference: _____	<input type="checkbox"/> FT <input type="checkbox"/> OR <input type="checkbox"/> PT	
4 <sup>th</sup> _____ Reasons for preference: _____	<input type="checkbox"/> FT <input type="checkbox"/> OR <input type="checkbox"/> PT	
5 <sup>th</sup> _____ Reasons for preference: _____	<input type="checkbox"/> FT <input type="checkbox"/> OR <input type="checkbox"/> PT	
6 <sup>th</sup> _____ Reasons for preference: _____	<input type="checkbox"/> FT <input type="checkbox"/> OR <input type="checkbox"/> PT	

PLEASE READ THE ADMISSIONS CRITERIA FOR ALL PROVIDERS NAMED OVERLEAF AND LIST BELOW THE DOCUMENTS, IF ANY, WHICH YOU ARE ATTACHING TO THIS FORM.

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If you have further preferences please continue on a separate sheet and put the name of your child at the top.

Please tick if further preferences are attached:

Please tick if your child is being assessed for Special Educational Needs?

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### SECTION C **SOCIAL DISADVANTAGE**

If you are claiming priority because of social disadvantage you **MUST** take this form to your local Social Security Office where the information below will be completed. The providers will not be able to give priority unless the box below has been stamped by the Social Security Agency.

Entitled to Income Support

Entitled to Income-based Job Seeker's Allowance

Name of person holding entitlement: \_\_\_\_\_

### SOCIAL SECURITY OFFICE OFFICIAL STAMP

Certified by \_\_\_\_\_

Date \_\_\_\_\_

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### SECTION D **DECLARATION**

I confirm that:-

- (a) This is the **ONLY** application form submitted for pre-school education in respect of the child named overleaf.
- (b) I have read the published Admissions Criteria of the providers nominated overleaf.
- (c) I am aware that my child is only entitled to **ONE** free place in a school/playgroup or private nursery.
- (d) The address I have given is the child's home address and **NOT** the address of a child minder/another relative or a business address.
- (e) I understand that it is my responsibility to provide all relevant information on or attached to this application form.
- (f) The details I have given on this form are correct. I am aware if a place is awarded on the basis of false information it will be withdrawn.

Signed \_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_\_

**THIS FORM MUST BE RECEIVED BY THE FIRST PREFERENCE PROVIDER NO LATER THAN**

**12 NOON ON WEDNESDAY 11 JANUARY 2012**

**DATA PROTECTION STATEMENT – The information on this form is required by the Board for the purpose of processing your application. The information is covered by the provisions of the Data Protection Act 1998. Your signature to the form is deemed to be an authorisation by you to allow the Board to process and retain the information for the purpose(s) stated.**