

**Pre-school request for place**

Date form submitted: .....

Child's name: .....

Child's date of birth: .....

Child's home address:  
.....  
.....

Contact telephone number: .....

Intended start: .....

Does the child have an Education Health and Care Plan? Y/N

Is the child or has the child ever been a Looked After Child / Adopted / Had a Child Arrangement Order or Special Guardianship Order? Y/N

Does the child have a sibling attending Coney Hill Community Primary School? Y/N

Is the child a twin or a child from a multiple birth? Y/N

Is the parent of the child a UK service personnel or crown servant? Y/N

Would you prefer morning or afternoon sessions? AM / PM

Please indicate which days of the week are required: M / Tu / W / Th / F

Is your child on the social communication pathway? Y / N

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