



WILLIAM HARDING SCHOOL
Aim high... Work hard... Be kind...

WILLIAM HARDING SCHOOL
Hazlehurst Drive, Aylesbury, Bucks. HP21 9TJ

Phone: 01296 421733

E-mail: preschool@williamharding.school

Website: www.williamhardingschool.co.uk

Head Teacher: Miss T Cotchin BA(Hons) PGCE NPQH

WILLIAM HARDING PRE-SCHOOL APPLICATION FORM

Application date _____

Preferred start date from _____

Child's Name _____ Date of Birth _____ Male/Female

Nationality _____ Home language _____

I am applying for (please tick):

- 2-year-old Provision
 3-year-old provision

2-year old provision sessions:

We only accept Monday to Friday morning, afternoons or all day. **Please tick** your preference:

Mon-Fri AM (8:45am – 11:45am)	
Lunch club cover – Fee £5 11:45am – 12:15am	
Mon – Fri PM (12:15pm - 3:15pm)	
Mon – Fri All day (8:45am – 3:15pm)	

Are you eligible for 2-year-old funding? **Yes/No**

Funding code _____

3-year-old provision sessions:

Please tick your session preference:

Monday and Tuesday all day, Wednesday AM	
Wednesday PM, Thursday and Friday all day	
Full time (Monday – Friday 30 hours)	

Are you eligible for 30 hours funding? **Yes/No**

Funding code _____

***Please note a lunch cover fee will be payable**

Parent/Carer contact details:

Name	
Address	
Telephone number	
Email Address	

Details of siblings already at the school:

Child's name(s)	
Date of birth	
Class	

Please complete the following information to ensure your child receives the best possible care for their needs. This is for our information purposes only. It is essential we have the correct support in place for your child before they attend.

Does your child have a disability or medical condition? Yes/No

If yes, please provide details:

Has your child seen the following professional?

Professional	Date seen	Name of professional involved
Health visitor		
Speech and language therapist		
Paediatrician		
Occupational therapist		
Physio therapist		
Other (please specify)		

I give permission/ I do not give permission for the above professionals to be contacted (Please circle)

Please note that signing this document means that you have read and agree to the terms and conditions set out in the attached document.

When returning this for we will also need to see your child's birth certificate

Please be aware we will contact you once a space is available for your child at William Harding Preschool. Please do not hesitate contact us on 01296 398822 or 421733

Parent/carers sign _____

Date _____

(For Staff completion) Date received _____

Our School Values are: Inclusion, Perseverance, Honesty, Respect, Responsibility and Collaboration.

