



Waiting List Form

Date of application:

Pupil Details	
Pupil name:	Gender: M/ F/ Prefer not to state Preferred pronouns:
Date of Birth:	
Year they are due to start school:	
Do they have a sibling? <i>Please give their name, year group and indicate whether you want to wait for a place for both children or accept a place for just one child</i>	

School details <i>please indicate which school your child attends</i>	
<u>Horsell Village School</u>	<u>Horsell Junior school</u>
Year group:	Year group:
Class:	Class:

Parent/Career Details <i>please provide details of at least one parent/career</i>	
Name:	Name:
Email:	Email:
Telephone:	Telephone:

Sessions required				
Monday	Tuesday	Wednesday	Thursday	Friday

Additional information
<i>Please give details of any:</i> <ul style="list-style-type: none"> <i>allergies, intolerances, dietary requirements</i> <i>special educational needs</i> <i>social services involvement</i> <i>educational health care plans</i> <i>previous setting attended – nursery/preschool or previous school</i>