



Broad Meadow, Aldridge, Walsall WS9 8FY  
childcare@leighswood.walsall.sch.uk | 01922 457186

# LEIGHSWOOD SCHOOL

## APPLICATION FORM FOR A 2 YEAR OLD PLACE

This form should be completed and returned to Leighswood Childcare.

You are welcome to visit the School and ask any questions you may have. To do this you will need to book an appointment by ringing the school or speaking to the school secretary.

### Tell us about your child

Child's Official Surname: \_\_\_\_\_ Surname Used: \_\_\_\_\_

Child's Forenames: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M / F \_\_\_\_\_

Present Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Address you intend moving to (If different) \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_ MobileNo \_\_\_\_\_

E mail address \_\_\_\_\_

Full Name of Mother: Ms/Miss/Mrs \_\_\_\_\_

Full Name of Father: \_\_\_\_\_ Mobile No \_\_\_\_\_

Who has legal custody of this child: Mother/Father/both parents/other (eg. guardian or local authority)

If this application is for a Nursery place will you require your child to continue on through Leighswood School YES / NO

Type of place: FUNDED PAID T2S CODE

Present Nursery/School: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No \_\_\_\_\_

Please name your other children along with their school if appropriate

Name of child: _____	Name of School: _____
_____	_____
_____	_____

Signed: \_\_\_\_\_ Parent / Guardian: \_\_\_\_\_