



Hungerford Primary Academy
learn to love and love to learn

PRESCHOOL ADMISSION FORM

For office use only

Date received	
DOB Verified	
Intake Term	
Input on Synergy/SS	
Funding form signed	
Letter to parent sent	
PreSchool Start Date	

Surname of child	
Legal surname (if different)	
First name/s	
Male / Female	
Date of birth	
Where was your child born?	
Religion (if any)?	
Address	
Postcode	
Home number	
Mobile number	
Email address	
Does the child have a sibling/s at the school?	Yes / No *circle as applicable
If Yes, sibling/s name	Class/Year
Names of people with parental responsibility	Relationship to the child
Does your child have any medical conditions	Yes / No *circle as applicable If Yes, please detail below:
Name and Address of Doctor Surgery where the child is registered:	
Telephone number	
Preferred session *circle as applicable	Preferred hours *circle as applicable
AM	15 hours
PM	30 hours
Signed	
Print name	
Date	

Please hand this completed form in to the School Office with a copy of the child's Birth Certificate.