|  |  |
| --- | --- |
| **Child Name** |  |
| **Date of Birth** |  |
| **Address:** |  |
|  |  |
| **Postcode** |  |
| **Contact Telephone Number** |  |
| **Contact Email Address** |  |

|  |
| --- |
| **Current Falkirk Council Nursery:\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Pattern of Attendance Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday ❑**  **Or** |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **38 Weeks**  **(Term Time 30 hours funded)** | **48.8 Weeks (Full Time 23hrs 20min funded)** | | Start Time\* |  |  |  |  |  | | Finish Time\* |  |  |  |  |  | | **Total Hours** |  |  |  |  |  | |
|  |
| **New Requested Falkirk Council Nursery:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Is this for current Session  or for next Session**  **New Pattern Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday ❑**  **Requested**  **or** |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **38 Weeks**  **(Term Time 30 hours funded)** | **48.8 Weeks (Full Time 23hrs 20min funded)** | | Start Time\* |  |  |  |  |  | | Finish Time\* |  |  |  |  |  | | **Total Hours** |  |  |  |  |  | | |

**Reason for Transfer**

*(If due to move, please attach new Proof of Residence e.g. Tenancy agreement, Council Tax or Rent Notification, signed missives, utility bill, drivers licence)*

**Is the address the same as the original application  Yes  No**

**New proof required**

**Are all contact details the same as the original application**  **Yes  No**

**If no, please supply on separate piece of paper new details and attach to form.**

**Child’s Health Information**

|  |  |
| --- | --- |
| **Does your child have any long-term illness, medical conditions or disability? Yes**  **No (if yes please give as much detail as possible including medication taken and allergies. Please also complete page )** | |
| **Does your child have support from any of the following:** | |
| **Educational Psychologist** | **Speech & Language Therapist** |
| **Clinical Psychologist/Psychiatrist** | **Sensory Impairment Service** |
| **Social Worker** | **Occupational/Physiotherapist** |
| **Has a team of professionals met to discuss your child’s needs? This is referred to as a ‘Team Around Child (TAC) Meeting Yes  No** | |
| **If Yes, has the team identified that your child will require additional support whilst at nursery?**  **Yes  (please give details) No** | |
| **Details of required support** | |

**Intended Primary School**

|  |
| --- |
|  |

|  |
| --- |
| **Parent/Carer Signature:** |

|  |  |
| --- | --- |
| **Please print Name:** | **Date:** |

**Please save this form as a Word Document and send to**

[**elc@falkirk.gov.uk**](mailto:elc@falkirk.gov.uk) **along with proof of residency if this has changed**

**WE ARE UNABLE TO ACCEPT PAPER COPIES OF THE TRANSFER FORM AT PRESENT**

**IF YOU ARE UNABLE TO DO THIS YOU SHOULD PHONE THE ELC**

**ADMISSIONS TEAM AND THEY WILL COMPLETE YOUR FORM OVER THE PHONE**

ELC ADMISSIONS TEAMS

🕿 01324 506661

🕿 01324 590664

|  |  |
| --- | --- |
| FOR HEADQUARTER USE ONLY | |
| Birth Certificate/Passport Number |  |
| Category Number |  |
| Proof of Address |  |
| New Offer letter Sent |  |
| Acceptance Received. |  |