|  |  |
| --- | --- |
| **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** **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. |  |