



PLEASE RETURN TO THE SCHOOL OFFICE **BY FRIDAY 5TH MAY**



CHILD'S NAME _____

Preschool my child attends _____

My child has special educational needs – yes/no (delete as applicable)

Please provide details of your child's special educational needs and a telephone number so a staff member may contact you if further clarification is required

Telephone number _____



My child would like to be in the same class as (maximum 3 children):

(Give full names, we will try our best to keep friendship groups together but cannot guarantee this)

Any additional information you feel we should know:

Name of Parent/Guardian _____

Signed _____

Date _____

