



PLEASE READ THE ADMISSIONS CRITERIA FOR ALL PROVIDERS NAMED OVERLEAF AND LIST BELOW THE DOCUMENTS, IF ANY, WHICH YOU ARE ATTACHING TO THIS FORM.

If you have further preferences please continue on a separate sheet and put the name of your child at the top.

Please tick if further preferences are attached:

Please tick if your child is being assessed for Special Educational Needs

**SECTION C SOCIAL DISADVANTAGE**

If you are claiming priority because of social disadvantage you **MUST** take this form to your local Social Security Office where the information below will be completed. The providers will not be able to give priority unless the box below has been stamped by the Social Security Agency.

Entitled to Income Support  Entitled to Income-based Job Seeker's Allowance

Entitled to Employment Support Allowance (\*providing the conditions below are met)

*NB: \*A child from socially disadvantaged circumstances means a child whose parent is in receipt of Income Support or Income-based Jobseeker's Allowance: where an award of Income Support has been 'converted' into an Employment and Support Allowance and the Social Security Agency has confirmed that **the level of benefit remains the same** then the parent should continue to be treated as being in 'socially disadvantaged circumstances'.*

Name of person holding entitlement: \_\_\_\_\_

**SOCIAL SECURITY OFFICE OFFICIAL STAMP**



Certified by \_\_\_\_\_

Date \_\_\_\_\_

**SECTION D DECLARATION**

**I confirm that:-**

- (a) This form is used to list all providers regardless of board area.
- (b) **This is the ONLY application form submitted for pre-school education in respect of the child named overleaf.**  
*NB: In the event that parents/guardians are discovered to have lodged more than one application form, then the first application lodged will be treated as the formal expression of parental preference and all other application forms will not be considered.*
- (c) I have read the published Admissions Criteria of the providers nominated overleaf.
- (d) I am aware that my child can only avail of **ONE** funded place in a school/playgroup or private nursery.
- (e) The address I have given is the child's home address and **NOT** the address of a child minder/another relative or a business address.
- (f) I understand that it is my responsibility to provide all relevant information on or attached to this application form.
- (g) The details I have given on this form are correct. I am aware if a place is awarded on the basis of false information it will be withdrawn.

Signed \_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_\_

**THIS FORM MUST BE RECEIVED BY THE FIRST PREFERENCE PROVIDER NO LATER THAN**

**12 NOON ON WEDNESDAY 14 JANUARY 2015**

**DATA PROTECTION STATEMENT – The information on this form is required by the Board for the purpose of processing your application. The information is covered by the provisions of the Data Protection Act 1998. Your signature to the form is deemed to be an authorisation by you to allow the Board to process and retain the information for the purpose(s) stated.**