



**Clackmannanshire
Council**

www.clacksweb.org.uk

Ref No : _____

Acknowledged : _____

Decision : _____

Education Services

Early Entry Request Form

Please return form to:
Kirsteen Carmichael
4th Floor Kilncraigs
Greenside Street
Alloa
FK10 1EB

SECTION A
(To be completed by parent/guardian)

1. Parent/Guardian Details

Title (please tick) Mr Mrs Ms Miss

Surname

Forename

Home Address

Postcode

Daytime Telephone No

Email Address

2. Child's Details

Surname

Forename

Date of Birth / /

Sex Male Female

3. Details of Pre-School Experiences (eg. Nursery, Playgroup)

Nursery/Playgroup)

Postcode Telephone

Dates / / to / /

Full-Time am pm

Day of the Week

Nursery/Playgroup)

Postcode Telephone

Dates / / to / /

Full-Time am pm

Day of the Week

4. School to which Early Entry Request is sought

Primary School

Please state your reason(s) for seeing an Early Entry Request and comment on the following aspects of your child's learning and development.

Approach and attitude to learning
Ability to communicate own feelings and express ideas confidently
Levels of independence and self-help
Emotional and personal development including self-confidence and esteem
Preferred learning style and stage of development
Ability to take part in conversations and discussions within a range of groupings and situations
Progress within the early years curriculum.
Other information

I confirm that I have discussed this early entry request with my child's nursery and a member of the School Management Team.

I have read and understood the statement made on transport costs.

Signature of parent/guardian Date

If you have any further queries or concerns please do not hesitate to contact:

Education, Municipal Buildings, 8-10 Corn Exchange Road, Stirling, FK8 2HU - tel 01786 233179

January 2017

SECTION B

(to be completed by the Headteacher/Manager of Nursery)

It is important that all decisions about early entry are made in the context of the ongoing profiling of the child and dialogue with the parent/guardian.

Please ensure that you discuss the early entry request with the parent, the member(s) of early years staff most closely involved with the child and a member of the School Management Team.

Name of Child:	<input type="text"/>
Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Position in Family:	<input type="text"/>
Male/Female:	<input type="text"/>
Name of Parent/Guardian:	<input type="text"/>
School Requested	<input type="text"/>
Nursery Experience	<input type="text"/>
	<input type="text"/>

In making a decision as to whether you support this application, please consider the following:

- Whether the child's learning and development would be best met within an early years setting where the early childhood curriculum on offer is ideally suited to meeting the needs of young children.
- Whether the particular primary school class to which the child would be admitted would be able to provide education suited to the abilities and aptitudes of the child.

Do you support the application for early entry for this child? Yes No

Please give details of any information/views held with regard to this application and also comment on the following key aspects of the child's learning and development.

Approach and attitude to learning

Ability to communicate own feelings and express ideas confidently.

Levels of independence and self-help

Emotional and personal development including self-confidence and esteem
Preferred learning style and stage of development
Ability to take part in conversations and discussions within a range of groupings and situations.
Progress within the early years curriculum.
Other information

- I confirm that I have discussed the early entry request with the parent/guardian, the member(s) of staff mostly closely involved with the child a member of the School Management Team.
- I enclose a copy of the most recently completed Profiling documentation relating to this child.

Signed Date