Nursery Transfer Form

Transfer from current nursery to new nursery

Falkirk Council
Children's Services

Child Name	
Date of Birth	
Address:	
Postcode	
Contact Telephone Number	

Current Falkirk Council Nursery:_____

Pattern of Attendance **AM** **Monday** ❑ **Tuesday** ❑ **Wednesday** ❑ **Thursday** ❑ **Friday** ❑
PM **Monday** ❑ **Tuesday** ❑ **Wednesday** ❑ **Thursday** ❑ **Friday** ❑

New Requested Falkirk Council Nursery:_____

New Pattern Requested **AM** **Monday** ❑ **Tuesday** ❑ **Wednesday** ❑ **Thursday** ❑ **Friday** ❑
PM **Monday** ❑ **Tuesday** ❑ **Wednesday** ❑ **Thursday** ❑ **Friday** ❑

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 ☐ **Yes** ☐ **No**

Are all family details the same ☐ **Yes** ☐ **No**

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

Are there any long-term illness, medical conditions or disability? ☐ **Yes** ☐ **No**
(please provide details)

_____

Are there any special dietary Requirements ☐ **Yes** ☐ **No**
(If yes please provide details)

_____

Any Additional Information

Intended Primary School

Parent/Carer Signature: _____

Please print Name: _____ **Date:** _____

Please return form to:
Early Learning and Childcare Admissions Team
Children's Services, Sealock House, 2 Inchyra Road, Grangemouth, FK3 9XB

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