



BISHOP CORNISH EDUCATION CENTRE

APPLICATION FOR ADMISSION TO PRE-SCHOOL

Surname of child:

Christian Name(s):

Address:

.....

Post Code:

Tel. No.

Date of Birth:

Male/Female

I hereby make application for the above child to be admitted to the pre-school with effect from

Possible sessions required (indication only)

	Mon	Tue	Wed	Thu	Fri
AM					
Lunch					
PM					

Signed Parent/Guardian

Date

The pre-school is open to children from the age of 3 upwards. Government funded places are available from the term after the child's third birthday.

To be returned to: Bishop Cornish Education Centre, Lynher Drive,
Saltash, Cornwall, PL12 4PA