| For Office use only                |
|------------------------------------|
| DfE eligibility for 2 year funding |



## APPLICATION FOR A PLACE IN A LANCASHIRE COUNTY COUNCIL MAINTAINED NURSERY SCHOOL OR NURSERY CLASS IN A MAINTAINED SCHOOL

The Nursery Admissions booklet is available at www.lancashire.gov.uk/schools

| 1. SCHOOL / SETTING REQUIRED   |                                |              |            |               |            |                       |           |          |          |  |
|--|--------------------------------|--------------|------------|---------------|------------|-----------------------|-----------|----------|----------|--|
| Name of Establishment:   |                                |              |            |               |            |                       |           |          |          |  |
| Are you applying for a place for a 2 year old?  or a 3 year old?   |                                |              |            |               |            |                       |           |          |          |  |
| Will you be paying for this provision?   |                                |              |            |               |            |                       |           |          |          |  |
| Sessions Preferred: (Please tick up to 5 boxes.)   |                                |              |            |               |            |                       |           |          |          |  |
|  |                                | MON          | TUE        | WED           | THUR       | F                     | RI        |          |          |  |
|  | MORNINGS                       |              |            |               |            |                       |           |          |          |  |
|  | AFTERNOONS                     |              |            |               |            |                       |           |          |          |  |
| Nursery schools and classes will offer up to 30 hours per week per child (on a flexible basis which will vary from nursery to nursery). Please check available provision with your preferred nursery and tick up to 5 boxes to confirm your preferred sessions or tick here if you would like to discuss flexible hours with your provider |                                |              |            |               |            |                       |           |          |          |  |
| 2. CHILD DETA  | II S                           |              |            |               |            |                       |           |          |          |  |
|  |                                |              |            |               |            |                       |           |          |          |  |
| Surname: Forename(s):  |                                |              |            |               |            |                       |           |          |          |  |
| Male ☐ Female ☐ (tick a single box) Date of Birth:   |                                |              |            |               |            |                       |           |          |          |  |
|  |                                | (Pleas       | e provide  | evidence of d | ate of bir | th eg co <sub>l</sub> | py of bii | rth cert | ificate) |  |
| Child's address:   |                                |              |            |               |            |                       |           |          |          |  |
|  |                                |              |            | P(            | ostcode    |                       |           |          |          |  |
| Child's home lang  | guage                          |              |            |               |            |                       |           |          |          |  |
| Is / does the chil   | d?                             |              |            |               |            |                       |           |          |          |  |
| - In public care (looked after)  |                                |              |            |               |            | Yes                   | s 🗆       | No       |          |  |
| - Known to Children's Integrated Services (Social Worker)  |                                |              |            |               |            | Yes                   | _         | No       |          |  |
| - Statemented for Special Educational Needs / EHC Plan   |                                |              |            |               |            |                       | _         | No       |          |  |
| - Known to the Educational Psychology Service - Have a disability  |                                |              |            |               |            | Yes<br>Yes            | _         | No<br>No |          |  |
| - Have an illness  |                                |              |            |               |            | Yes                   | _         | No       |          |  |
|  | ny box, please note sections 5 | and 6 of thi | is form.)  |               |            |                       | _         |          |          |  |
|  |                                |              |            |               |            |                       |           |          |          |  |
| 3. SIBLINGS  |                                |              |            |               |            |                       |           |          |          |  |
| These are defined as brothers, sisters, half brothers, half sisters, step brothers, step sisters, adopted and fostered children living with the same family at the same address (at the time of admission).  |                                |              |            |               |            |                       |           |          |          |  |
| Surname  | Forename                       | (s)          |            |               | DoB        |                       |           |          |          |  |
| Surname  | Forename                       | ` '          |            |               | DoB        |                       |           |          |          |  |
| Surname  | Forename                       | (s)          |            |               | DoB        |                       |           |          |          |  |
| Will any of the sib  | lings be attending the nurs    | ery schoo    | l/class no | w applied fo  | or         | Yes                   |           | No       |          |  |

| 4. PARENTS / CARERS DETAILS  |                       |   |                 |  |  |  |  |  |  |
|--|-----------------------|---|-----------------|--|--|--|--|--|--|
| Surname:<br>Address:<br>(if different  |                       | For   | rename(s)       |  |  |  |  |  |  |
| from child's   | )                     |   |                 | Postcode:                                    |  |  |  |  |  |
| Contact details:   | Email                 |   |                 |  |  |  |  |  |  |
|  | Telephone No          |   | Mobile          |  |  |  |  |  |  |
| Surname:   |                       | For   | rename(s)       |  |  |  |  |  |  |
| Address:<br>(if different<br>from child's  | fferent               |   |                 |  |  |  |  |  |  |
| Contact details:   | Email                 |   |                 |  |  |  |  |  |  |
|  | Telephone No          |   | Mobile          |  |  |  |  |  |  |
| 5. MEDICAL, SOCIAL OR WELFARE CIRCUMSTANCES OF THE CHILD OR THE FAMILY (These will be treated in strict confidence) PLEASE CONTINUE ON A SEPARATE SHEET OR SUBMIT SUPPORTING EVIDENCE IF REQUIRED.   |                       |   |                 |  |  |  |  |  |  |
| which yo   | u think is relevant o | onals who could suppor<br>or attach a written statem<br>Designation<br>(eg doctor/health visitor) |                 | (Please state any information  Telephone No. |  |  |  |  |  |
| 6. GENE  | RAL                   |   |                 |  |  |  |  |  |  |
| The admission criteria for Lancashire's maintained nursery schools and nursery classes in maintained schools are available at nurseries and on the County Council website at <a href="https://www.lancashire.gov.uk/schools">www.lancashire.gov.uk/schools</a> . |                       |   |                 |  |  |  |  |  |  |
| Please complete and sign this form and attach any other information which you feel is relevant. You should return it to the nursery school or class which you are applying for.  |                       |   |                 |  |  |  |  |  |  |
| 7. SIGNATURE(S)  |                       |   |                 |  |  |  |  |  |  |
| Print Nam  | • •                   | Signed  |                 | Date   |  |  |  |  |  |
| Ilwo aoka  | owlodgo that the int  | formation given on this f   | orm is assurate |  |  |  |  |  |  |

If the Data Protection Act 2018 and GDPR are laws that are designed to protect and maintain personal identifiable information. When we are in possession of personal information we will protect it and aim to keep service user information safe, abide by the law in respect of handling personally identifiable information, and respect the wishes of service users who do not want us to share their information. Unidentifiable service user data may also be used to aid service development. Lancashire County Council holds personal data about the people/children to whom we provide services. There is more information about your rights and how the Council uses and stores data: <a href="http://www.lancashire.gov.uk/data-protection">http://www.lancashire.gov.uk/data-protection</a>. To request a copy of the information we hold about you, contact The County Council's Data Protection Officer, PO Box 78, County Hall, Preston PR1 8XJ