

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	FRI
MORNINGS					
AFTERNOONS					

Nursery schools and classes will offer up to 15 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 DETAILS

Surname: Forename(s):

Male Female (tick a single box) Date of Birth:

(Please provide evidence of date of birth eg copy of birth certificate)

Child's address:

Postcode:

Child's home language

Is / does the child?

- In public care (looked after) Yes No
- Known to Children's Integrated Services (Social Worker) Yes No
- Statemented for Special Educational Needs / EHC Plan Yes No
- Known to the Educational Psychology Service Yes No
- Have a disability Yes No
- Have an illness Yes No

(If you tick yes in any box, please note sections 5 and 6 of this 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(s) DoB
Surname Forename(s) DoB

Will any of the siblings be attending the nursery school/class now applied for from September 2017? Yes No

4. PARENTS / CARERS DETAILS

Surname: _____ Forename(s) _____
Address: _____
(if different from child's) _____ Postcode: _____

Contact details: Email _____
Telephone No _____ Mobile _____

Surname: _____ Forename(s) _____
Address: _____
(if different from child's) _____ Postcode: _____

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.

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Are there persons/professionals who could support this application? (Please state any information which you think is relevant or attach a written statement if available).

Name	Designation (eg doctor/health visitor)	Address	Telephone No.
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6. GENERAL

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 www.lancashire.gov.uk/schools
Please note that if you access 15 hours per week of free provision in a Local Authority nursery school or class then you cannot also have additional free provision in a private, voluntary or independent nursery.

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 Name (in full)	Signed	Date
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I/we acknowledge that the information given on this form is accurate.