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Date Received:

Option Requested:

**LINGFIELD PRIMARY SCHOOL**

A Personal Best School

Respect, Resilience, Relationships

**NURSERY APPLICATION FORM**

Please complete this form and return to [sdowds@lingfield.surrey.sch.uk](mailto:sdowds@lingfield.surrey.sch.uk)

**PUPIL INFORMATION**

Surname: Click here to enter text. Forename: Click here to enter text.

Middle Name(s): Click here to enter text.

Date of Birth: Click here to enter text. Gender Choose an item.

Address: Click here to enter text.

Postcode: Click here to enter text.

**CONTACT DETAILS**

**1) PARENT/CARER**

Title: Choose an item. First name: Click here to enter text. Surname: Click here to enter text.

Occupation: Click here to enter text.

Address: (if different to that of pupil): Click here to enter text.

Phone Nos.: Home - Click here to enter text. Work - Click here to enter text.

Mobile - Click here to enter text. Email - Click here to enter text.

Relationship to child: Click here to enter text.

**2) PARENT/CARER**

Title: Choose an item. First name: Click here to enter text. Surname: Click here to enter text.

Occupation: Click here to enter text.

Address: (if different to that of pupil): Click here to enter text.

Phone Nos.: Home - Click here to enter text. Work - Click here to enter text.

Mobile - Click here to enter text. Email - Click here to enter text.

Relationship to child: Click here to enter text.

**1) Alternative contact**:

Title: Choose an item. First name: Click here to enter text. Surname: Click here to enter text.

Relationship to child: Click here to enter text. Daytime phone no: Click here to enter text.

**2) Alternative contact**: Title: Choose an item. First name: Click here to enter text. Surname: Click here to enter text.

Relationship to child: Click here to enter text. Daytime phone no: Click here to enter text.

Is the child, or has the child previously been, in the care of a Local Authority? If so please state the name of the Local Authority below and provide evidence with your form:

Click here to enter text.

**EDUCATIONAL INFORMATION**

Previous School, Nursery or Playgroup

Name: Click here to enter text. Phone No: Click here to enter text.

Address: Click here to enter text.

**MEDICAL INFORMATION**

Name of Doctor/practice: Click here to enter text. Phone no: Click here to enter text.

Address: Click here to enter text.

Please give details of any medical conditions /allergies/disabilities which the school should be aware of:

Click here to enter text.

Does your child wear glasses: Choose an item.

Does the child have a social or medical need for a place at this nursery? Choose an item.

Please provide details: Click here to enter text.

**DIETRY INFORMATION**

Please indicate your child’s weekly dietary pattern:

**Monday Tuesday Wednesday Thursday Friday**

School Meals   Packed Lunch

Packed Lunch   Packed Lunch

My child is entitled to free school meals Y/N

**ETHNICITY**

Home Language: Click here to enter text. 1st Language: Click here to enter text.

Religion: Click here to enter text.

Please tick the appropriate box to indicate your child’s ethnic group:

White: Choose an item. Asian or Asian British: Choose an item.

Mixed/Dual Background: Choose an item. Black or Black British: Choose an item.

Other ethnic group:  I would prefer not to say:

Please give details of anything else which you would like the school to be aware of:

Click here to enter text.

Where/how did you hear about Lingfield Primary School Nursery? Click here to enter text.

**NURSERY APPLICATION**

Name & ages of brothers & sisters (if any), including step brothers and sisters attending the nursery or the school at the time of admission.

|  |  |  |
| --- | --- | --- |
|  | **NAME** | **AGE** |
| 1 | Click here to enter text. | Click here to enter text. |
| 2 | Click here to enter text. | Click here to enter text. |
| 3 | Click here to enter text. | Click here to enter text. |
| 4 | Click here to enter text. | Click here to enter text. |
| 5 | Click here to enter text. | Click here to enter text. |

Have they any significant disabilities? Choose an item.

(if so give details) Click here to enter text.

Nursery sessions are Option 1 - All day Monday & Tuesday & AM Wednesday

Option 2 – PM Wednesday & all day Thursday & Friday

Option 3 – Full time i.e. Mon – Fri all day

**Please select which option you would prefer (options 1 & 2 offers the 15 hours free annual entitlement, any additional hours are available for those families eligible for 30 hours funding or at an additional cost, subject to availability)**

**Term you would like your child to start: Autumn  / Spring  YEAR** Click here to enter text.

**Other Information**

Is there any additional information you would like to share? Click here to enter text.

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• Please note that completing this form does not guarantee a place

• Governors will consider applications received by the deadline date in accordance with the nursery admissions policy

• Please read the nursery admissions policy before completing this form

• Please fill in the form in block capitals then sign it

• Please return the form to the School Office by the closing date

• You will be notified by the school if you child has been allocated a place after the closing date

• Please contact the school if you have any questions concerning completion of the form

**DECLARATION OF PARENT/GUARDIAN/CARER**

**I wish to apply for a place at the nursery school named overleaf. I certify that I am the person with parental responsibility for the child named in Section 1 and that the information given is true to the best of my knowledge and belief. I understand that if I give any false or deliberately misleading information on this form and/or supporting documents, or withhold any relevant information, this may lead to the withdrawal of an offer of a nursery place for my child. I understand that it is my responsibility to provide full information to the nursery and that I will notify them of any changes to the details on this form or accompanying evidence as soon as they occur, including any change of address.**

APPLICANT: Name: Click here to enter text. Signature: Click here to enter text.

RELATIONSHIP TO CHILD: Click here to enter text. Date: Click here to enter text.

**Personal Information Policy - We respect your rights and are committed to ensure that we protect your details and the information about your dealings with us. In accordance with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR), we will use your information for the purpose of processing your application for a nursery place. We may share your information (but only the minimum amount of information necessary and only where it is lawful to do so) with Surrey County Council and other agencies (including schools, other councils, central government departments, law enforcement agencies, statutory and judicial bodies, contractors that process data on our behalf and medical advisors). We may also use and disclose information that does not identify individuals for research and strategic development purposes. You can find out more about how we manage your data on our website.**