

Date Received:

Option Requested:

LINGFIELD PRIMARY SCHOOL

A Personal Best School Respect, Resilience, Relationships

NURSERY ADMISSION FORM

Please complete this form and return to the School Office at Lingfield Primary School

PUPIL INFORMATION						
Surname:	Forename:	Middle Name(s):				
Date of Birth:						
Address:						
Postcode:	de:Phone No.:					
CONTACT DETAILS						
1) PARENT/CARER (full name)						
Mr/Mrs/Miss/Ms		Occupation:				
Address: (if different to that of pupi	1)					
Phone Nos.: Home	Wo	ork				
Mobile	En	nail				
Relationship to child:						
2) PARENT/CARER (full name)						
Mr/Mrs/Miss/Ms	Oc	ccupation:				
Address: (if different to that of pupi	1)					
Phone Nos.: Home	W	/ork				
Mobile	En	nail				
Relationship to child:						
1) Alternative contact: Mr/Mrs/Miss/Ms:						
Relationship to child:	D	aytime phone no:				
2) Alternative contact: Mr/Mrs/Miss/Ms:						
Relationship to child:	D	aytime phone no:				

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:

EDUCATIONAL INF						
Previous School, Nursery or Playgroup						
Name:	Name: Phone No:					
Address:						
MEDICAL INFORMA	TION					
Name of Doctor/prac	Name of Doctor/practice: Phone no:					
Address:						
Please give details of any medical conditions /allergies/disabilities which the school should be aware of:						
			Does your child wear glasses: Y / N			
Does the child have a	a social or medic	cal need for a pla	ce at this nursery? Y/N			
Please provide detail	Please provide details:					
DIETRY INFORMAT						
Please indicate your	child's weekly di	etary 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:	Home Language:					
Religion:						
	ropriate box to	indicate your c	hild's ethnic group (Please tick one box only):			
White British		<u> </u>	Asian or Asian British Indian			
Irish			Pakistani			
Traveller of Irish F	laritana					
Gypsy / Roma	ientage		Bangladeshi			
71 7	ookaround		Chinese			
Any other White b			Any other Asian background Black or Black British			
Mixed / Dual Bac						
White and Black O			Caribbean			
White and Asian	Milicali		African Any other Black background			
	ookaround		Any other Black background			
Any other Mixed b			Other ethnic group			
I refer not to say						
Please give details of	Please give details of anything else which you would like the school to be aware of					

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.						
		AGE				
1						
2			_			
3						
5						
	they any significant disabi	lities?	Yes/No (please dele	ite one)		
(if so	give details)					
Positi	on of child in family: (eg. th	ne oldest is 1):				
Nurse	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 circle 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 chil	d to start: Autumn /	Spring YEAR			
	r Information					
Is the	re any additional information	on you would like to sh	are?			
 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 						
DECI	ARATION OF PARENT/O	SUARDIAN/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.						
APPL	.ICANT:(please print)		Signature:			
RELATIONSHIP TO CHILD: Date:						
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.						
	ffice use of entry:	Birth Certificate	e seen:	Class:		