

APPLICATION FOR A PLACE AT COUPE GREEN PRESCHOOL

1. SCHOOL / SETTING REQUIRED

Name of Establishment: Coupe Green Primary School

When would you like your child to start? September 2025

Name of pre-school provision/nursery your child is currently attending _____

Sessions Preferred: **(Please tick)**

	MON	TUE	WED	THUR	FRI
MORNINGS 8.40-11.45					
MORNINGS including lunch 8.40-12.15					
AFTERNOONS 12.15-3.15					
FULL DAY 8.40-3.15					

Please tick if you meet government guidelines and are entitled to a 30 hour free childcare place

Our school week is 32.5 hours, so if you wish to choose full time please note there will be a cost of £12.50/week

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 previously adopted outside of England) Yes No
- Known to Children's Integrated Services (Social Worker) Yes No
- Statemeted 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 2024? 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 inc SEN, 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 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.

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: <http://www.lancashire.gov.uk/data-protection>. 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

PLEASE RETURN THIS FORM TO YOUR PREFERRED NURSERY SCHOOL/SETTING