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	ILS								
Surname:		Forer	name(s):						
Male ☐ Female ☐ (tick a single box) Date of Birth:									
		(Pleas	e provide	evidence of d	ate of bir	th eg co	py of bir	rth cert	ificate)
Child's address:									
				P	ostcode				
Child's home lang	guage								
Is / does the chil	ld?								
- In public care (looked after previously adopted outside of England) Yes ☐ No ☐									
- Known to Children's Integrated Services (Social Worker)						Yes	3 🗌	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 (If you tick yes in an	ny box, please note sections 5	and 6 of thi	is form.)			Yes	' □	No	Ш
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 sib	lings be attending the nurs	ery schoo	l/class no	w applied fo	or	Yes		No	

4. PAREN	NTS / CARERS DET	AILS							
Surname: Address: (if different		Fo	rename(s)						
from child's				Postcode:					
Contact details:	Email								
	Telephone No		Mobile						
Surname:	name: Forename(s)								
Address: (if different from child's,)			Postcode:					
Contact details:	Email								
details.	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.									
	u think is relevant	onals who could suppor or attach a written staten Designation (eg doctor/health visitor)		Please state any information Telephone No.					
6. GENEI	RAL								
The admis	sion criteria for Land	cashire's maintained nurse on the County Council web		y classes in maintained schools e.gov.uk/schools					
		form and attach any other class which you are app		ou feel is relevant. You should					
7. SIGNATURE(S)									
Print Nam	e (in full)	Signed		Date					

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