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

County Council

The Nursery Admissions booklet is available at <u>www.lancashire.gov.uk/schools</u>

1. SCHOOL / SE	TTING REQUIRED								
Name of Establish	nment:								
Are you applying	for a place for a 2 year old	?	or a	3 year old?					
Will you be paying	g for this provision?								
Sessions Preferre	ed: (Please tick up to 5 be	oxes.)							
		MON	TUE	WED	THUR	R FF	र।		
	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	LS								
Surname:		Foren	ame(s):						
Male 🗌 Fe	emale 🗌 (tick a single	e box)	Date	of Birth:					
		(Please	e provide e	evidence of d	ate of bir	th eg cop	y of bir	th cert	ificate)
Child's address:									
				Ρ	ostcode				
Child's home lang	uage								
Is / does the chil	d?								
- In public care (looked after previously adopted outside of England)						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	
<ul> <li>Have a disability</li> <li>Have an illness</li> </ul>						Yes Yes		No No	
	y box, please note sections 5	and 6 of this	s form.)			100		110	
3. SIBLINGS									
	as brothers, sisters, half bro the same family at the same a					sisters, ad	lopted	and fo	ostered
Surname	Forename(				DoB			]	
Surname	Forename(				DoB			]	
Surname	Forename(	(s)			DoB				
Will any of the sib	lings be attending the nurse 024?	ery school	/class no	w applied fo	or	Yes		No	

4. PARE	4. PARENTS / CARERS DETAILS						
Surname:		Fo	rename(s)				
Address:							
(if different from child's	)			ode:			
Contact	Email						
details:	Telephone No		Mobile				
		-					
Surname: Address:		FO	rename(s)				
(if different							
from child's			Postco	ode:			
details:	Email						
	Telephone No		Mobile				
5. MEDIC	AL, SOCIAL OR W	ELFARE CIRCUMSTANC	ES OF THE CHILD OR THE F	FAMILY			
(These	will be treated in s	trict confidence)	SUBMIT SUPPORTING EVID				
		GELARATE SHEET ON					
		onais who could suppor or attach a written staten	t this application? (Please and the transmission of the second seco	state any information			
Name	9	Designation	Address	Telephone No.			
		(eg doctor/health visitor)					
6. GENEI							
		achira's maintained pures		a in maintainad ashaala			
			ry schools and nursery classe site at <u>www.lancashire.gov.uk</u>				
Please co	mplete and sign this	form and attach any othe	er information which you feel	is relevant. You should			
return it to	the nursery school o	r class which you are app	ying for.				
7. SIGNA	TURE(S)						
Print Nam		Signed		Date			
		formation given on this f					
we will protect it a	nd aim to keep service user info	prmation safe, abide by the law in respec	personal identifiable information. When we are in t of handling personally identifiable information lso be used to aid service development. Lancas	, and respect the wishes of service			
data about the	people/children to whom we	provide services. There is more in	formation about your rights and how the bout you, contact The County Council's Data Pr	Council uses and stores data:			

Hall, Preston PR1 8XJ