**APPLICATION FOR A CHILD PLACE AT ST. EDMUND’S CATHOLIC PRIMARY SCHOOL**

***The Nursery Admissions booklet is available at*** [***www.lancashire.gov.uk/schools***](http://www.lancashire.gov.uk/schools)

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| 1. **SCHOOL / SETTING REQUIRED** | | |
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| Year Group Applying for? | |  |
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| Please refer to opening hours from the office of the school website: https://www.stedmundswestlancs.co.uk/ | | |
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| **RECEPTION CHILDREN** | | |
| **\*\*PLEASE NOTE THIS FORM IS FOR SCHOOL INFORMATION ONLY, YOU ARE REQUIRED TO APPLY ONLINE FOR YOUR CHOICE OF SCHOOL ON THE LANACSHIRE ADMISSIONS WEBSITE WWW.SCHOOLADMISSIONS.GOV.UK** | | |
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| 1. **CHILD DETAILS** | | | | | | | | | | | | | | | | | | | | | | | |
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| Surname: | | |  | | | | | Forename(s): | |  | | | | | | | | | | | | |  |
|  | | |  | | | | |  | |  | | | | | | | | | | | | | |
| Male |  | | Female | |  | | *(tick a single box)* | | Date of Birth: | | |  | | | | | | | | | | |  |
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|  | | | | | | | | **(Please provide evidence of date of birth eg copy of birth certificate)** | | | | | | | | | | | | | | | |
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| Child's address: | | | |  | | | | | | | | | | | | | | | | | | |  |
|  | | | |  | | | | | | | Postcode: | | | |  | | | | | | | |  |
| Child's home language | | | | | |  | | | | | | | | | | | | | | | | |  |
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| **Is / does the child?** | | | | | | | | | | | | | | | | | | | | | | | |
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| - In public care (looked after) | | | | | | | | | | | | | | | 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 | |  | |
| - 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.)*** | | | | | | | | | | | | | | |  | |  | | |  | |  | |
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| 1. **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).* | | | | | | | | | | | | | | | | | | | | | | | |
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| Surname | |  | | | | | Forename(s) |  | | | | | DoB |  | | | |  | | |  | | |
| Surname | |  | | | | | Forename(s) |  | | | | | DoB |  | | | |  | | |  | | |
| Surname | |  | | | | | Forename(s) |  | | | | | DoB |  | | | |  | | |  | | |
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| **Will any of the siblings be attending the nursery school/class now applied for**  **from September 2022?** | | | | | | | | | | | | | | Yes | |  | | | No | | |  | |
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| 1. **PARENTS / CARERS DETAILS** | | | | | | | | | | | | | | | | | | | | |
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| Surname: | | |  | | | | | Forename(s) | | | | |  | | | | | | |  |
| Address:  *(if different from child's)* | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Postcode: | | | |  | |
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| Contact  details: | | Email | |  | | | | | | | | | | | | | | | |  |
| Telephone No | |  | | | | | | Mobile | |  | | | | | | | |
|  | | |  | | | | |  | | | | |  | | | | | | |  |
| Surname: | | |  | | | | | Forename(s) | | | | |  | | | | | | |  |
| Address:  *(if different from child's)* | | |  | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | Postcode: | | | |  | |
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| Contact  details: | | Email | |  | | | | | | | | | | | | | | | |  |
| Telephone No | |  | | | | | | Mobile | |  | | | | | | | |
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| 1. **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.** | | | | | | | | | | | | | | | | | | | | |
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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).** | | | | | | | | | | | | | | | | | | | | |
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|  | **Name** | | |  | **Designation**  (eg doctor/health visitor) | | | |  | | **Address** | | | | | |  | | **Telephone No.** | |
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| 1. **GENERAL** | | | | | | | | | | | | | | | | | | | | |
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| 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***](http://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. | | | | | | | | | | | | | | | | | | | | |
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| 1. **SIGNATURE(S)** | | | | | | | | | | | | | | | | | | | | |
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| **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