

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](http://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	FRI
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 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) 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.)**

**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 2018?** 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, 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.
_____	_____	_____	_____
_____	_____	_____	_____

#### 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](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.

#### 7. SIGNATURE(S)

Print Name (in full)	Signed	Date
_____	_____	_____
_____	_____	_____

I/we acknowledge that the information given on this form is accurate.