****

Date Received:

Option Requested:

**LINGFIELD PRIMARY SCHOOL**

A Personal Best School

Respect, Resilience, Relationships

**NURSERY APPLICATION FORM**

Please complete this form and return to [**admissions@lingfield.surrey.sch.uk**](mailto:admissions@lingfield.surrey.sch.uk)

**PUPIL INFORMATION**

Surname:…Click or tap here to enter text. Forename:Click or tap here to enter text.

Date of Birth: Click or tap to enter a date. Gender: Male  Female

Address: Click or tap here to enter text.

Postcode: Click or tap here to enter text.

**CONTACT DETAILS**

**1) PARENT/CARER (full name)**

Choose an item. . Name: Click or tap here to enter text. Occupation: Click or tap here to enter text.

Address: (if different to that of pupil) Click or tap here to enter text.

Phone Nos.: Home Click or tap here to enter text. Work Click or tap here to enter text.

Mobile Click or tap here to enter text. Email Click or tap here to enter text.

Relationship to child: Click or tap here to enter text.

**2) PARENT/CARER (full name)**

Choose an item. . Name: Click or tap here to enter text. Occupation: Click or tap here to enter text.

Address: (if different to that of pupil) Click or tap here to enter text.

Phone Nos.: Home Click or tap here to enter text. Work Click or tap here to enter text.

Mobile Click or tap here to enter text. Email Click or tap here to enter text.

Relationship to child: Click or tap here to enter text.

**1) Alternative contact**:

Choose an item. . Name: Click or tap here to enter text.

Relationship to child: Click or tap here to enter text. Daytime phone no: Click or tap here to enter text.

**2) Alternative contact**:

Choose an item. . Name: Click or tap here to enter text.

Relationship to child: Click or tap here to enter text. Daytime phone no: Click or tap here to enter text.

**PARENT INFORMATION**

Are parents separated **Yes  No**  If yes, please provide details of both parents above.

Is the child the subject of a custody order? **Yes  No**  If yes, please indicate who has custody and provide evidence of this.

If the pupil is in care or fostered please name the Local Authority responsible for the child. Click or tap here to enter text.

Is your child part of a child protection plan, a child in need plan or supported by a social services team? **Yes  No**

**MEDICAL INFORMATION**

Name of Doctor/practice Click or tap here to enter text. Phone no: Click or tap here to enter text.

Address: Click or tap here to enter text.

Please give details of any medical conditions /allergies/disabilities which the school should be aware of:

Click or tap here to enter text.

Does your child wear glasses? **Yes  No**

Does the child have a social or medical need for a place at this nursery? **Yes  No**

If yes, please provide details: Click or tap here to enter text.

**SPECIAL EDUCATIONAL NEEDS INFORMATION**

Does your child have any special needs we should be aware of? **Yes  No**

If yes, please provide details: Click or tap here to enter text.

What support does your child receive in their current school/nursery? Click or tap here to enter text.

Has your child ever been seen by any of the following multi-professional teams (please tick)?

OT

Paediatrician

Psychologist

Portage

Social Services

Speech and Language

Do you have any concerns about your child’s speech, communication or their ability to understand others?

Click or tap here to enter text.

**DIETARY INFORMATION**

Does your child have any intolerances or allergies? **Yes  No**

If yes, please specify and provide full details: Click or tap here to enter text.

**ETHNICITY**

Home Language Click or tap here to enter text. 1st Language: Click or tap here to enter text.

Religion: Click or tap here to enter text.

Please tick the appropriate box to indicate your child’s ethnic group (Please tick one box only):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **White** | | **Asian or Asian British** | | | |
| British |  | Indian | |  | |
| Irish |  | Pakistani | |  | |
| Traveller of Irish Heritage |  | Bangladeshi | |  | |
| Gypsy / Roma |  | Chinese | |  | |
| Any other White background |  | Any other Asian background | |  | |
| **Mixed / Dual Background** | | **Black or Black British** | | | |
| White and Black Caribbean |  | Caribbean | |  | |
| White and Black African |  | African | |  | |
| White and Asian |  | Any other Black background | |  | |
| Any other Mixed background |  | **Other ethnic group** | |  | |
| **Prefer not to say** |  |  |  | |

**EDUCATIONAL INFORMATION**

Previous School, Nursery or Playgroup

Name: Click or tap here to enter text. Phone No: Click or tap here to enter text.

Address: Click or tap here to enter text.

**ADDITIONAL INFORMATION**

Please give details of anything else which you would like the school to be aware of:

Click or tap here to enter text.

**NURSERY APPLICATION**

Name & ages of brothers & sisters (if any), including step brothers and sisters attending the nursery or the school at the time of admission.

|  |  |  |
| --- | --- | --- |
|  | **NAME** | **AGE** |
| 1 | Click or tap here to enter text. | Click or tap here to enter text. |
| 2 | Click or tap here to enter text. | Click or tap here to enter text. |
| 3 | Click or tap here to enter text. | Click or tap here to enter text. |
| 4 | Click or tap here to enter text. | Click or tap here to enter text. |
| 5 | Click or tap here to enter text. | Click or tap here to enter text. |

Have they any significant disabilities? **Yes  No**

If yes, please give details: Click or tap here to enter text.

Position of child in family: (eg. the oldest is 1): Click or tap here to enter text.

Nursery sessions are Option 1 - All day Monday & Tuesday & AM Wednesday

Option 2 – PM Wednesday & all day Thursday & Friday

Option 3 – Full time i.e. Mon – Fri all day

**Please tick which Option you would prefer. (Options 1 & 2 offers the 15 hours free annual entitlement, any additional hours are available for those families eligible for 30 hours funding or at an additional cost, subject to availability)**

**Term you would like your child to start: Autumn / Spring YEAR** Click or tap here to enter text.

**Other Information**

Is there any additional information you would like to share? Click or tap here to enter text.

• Please note that completing this form does not guarantee a place

• Governors will consider applications received by the deadline date in accordance with the nursery admissions policy

• Please read the nursery admissions policy before completing this form

• Please fill in the form in block capitals then sign it

• Please return the form to the School Office by the closing date

• You will be notified by the school if you child has been allocated a place after the closing date

• Please contact the school if you have any questions concerning completion of the form

**DECLARATION OF PARENT/GUARDIAN/CARER**

**I wish to apply for a place at the nursery school named overleaf. I certify that I am the person with parental responsibility for the child named in Section 1 and that the information given is true to the best of my knowledge and belief. I understand that if I give any false or deliberately misleading information on this form and/or supporting documents, or withhold any relevant information, this may lead to the withdrawal of an offer of a nursery place for my child. I understand that it is my responsibility to provide full information to the nursery and that I will notify them of any changes to the details on this form or accompanying evidence as soon as they occur, including any change of address.**

APPLICANT: Click or tap here to enter text. Signature: Click or tap here to enter text.

RELATIONSHIP TO CHILD Click or tap here to enter text. Date: Click or tap here to enter text.

**Personal Information Policy - We respect your rights and are committed to ensure that we protect your details and the information about your dealings with us. In accordance with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR), we will use your information for the purpose of processing your application for a nursery place. We may share your information (but only the minimum amount of information necessary and only where it is lawful to do so) with Surrey County Council and other agencies (including schools, other councils, central government departments, law enforcement agencies, statutory and judicial bodies, contractors that process data on our behalf and medical advisors). We may also use and disclose information that does not identify individuals for research and strategic development purposes. You can find out more about how we manage your data on our website.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For office use**

Date: of entry:…………………………… Birth Certificate seen:………………… Class:……………………………..