For Office use only	ID - DOB	Y/N	Funding Letter/Code	Y/N
Term Eligible to Start	Offered by Accepted		SIMS	Y/N



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: FAIRFIELD NUF	RSERY SC	CHOOL, ACC	CRINGTON			
Are you applying for a place for a 2 year old	?	or a 3 y	/ear old?			
Are you applying for a 15 hour funded place	?	YE	S/NO			
Are you applying for a 3 year old 30 hour fur	nded place	? YE	S/NO			
Funding Eligibility Code						
2 Year Old Funding						
Golden Ticket Letter Voucher Code Please email the	aolden tic	ket letter to e	laine.ainswor	rth@fairfield.la	ancs.sch.uk	
2 Year Old & 3 Year Old Funding Working Family 11 Digit Eligibility Code						
Parent/Carer National Insurance Number By providing this information you give Fairfield N	lursery con	sent to check	the validity o	of your eligibili	ity code	
by providing this information you give I aimeld to	ursery cork	Serii io crieck	trie validity d	ır your e ligibili	ly code	
Will you be paying for this provision?	YES/N	Ю				
Sessions Preferred:	MON	TUE	WED	THUR	FRI	
MORNINGS 8.40am to 11.40am						
AFTERNOONS 12.35pm to 3.35pm						
FULL DAY 8.40am to 3.35pm						
L						
2. CHILD DETAILS						
Surname:	Foren	ame(s):				
Male ☐ Female ☐ (tick a single	e box)	Date of	Birth:			
(Please provide evidence	e of date of	birth with this	application -	original birth	certificate or	passport)
Child's address:						
			Posto	code:		
Child's first language		Child's ethn	icity			
Is / does the child?						
- In public care (looked after previously adop		•	d)	Yes	_	
- Known to Children's Integrated Services (S		•		Yes	_	
- Statemented for Special Educational Need		lan		Yes	_	
- Known to the Educational Psychology Serv	/ice			Yes		
Have a disabilityHave an illness				Yes Yes	_	
- nave an inness (If you tick yes in any box, please note sections 5	and 6 of this	s form.)		1 68	s ∐ No	Ш
		•				

3. SIBLIN	NGS					
		ters, half brothers, half sisters came address (at the time of		rs, adopted and	fostered	children
Surname		Forename(s)	DoB			
Surname		Forename(s)	DoB			
Will any of	the siblings be attend	ding the nursery school at	the same time?	Yes □	No	
4. PAREI	NTS / CARERS DET	AILS				
Surname:		Fo	rename(s)			
Address:						
(if different from child's				Destende		
ĺ	/			Postcode:		
Contact details:	Email					
	Telephone No		Mobile			
Surname:		Fo	rename(s)			
Address:						
(if different						
from child's				Postcode:		
Contact details:	Email					
	Telephone No		Mobile			
	•	ELFARE CIRCUMSTANC	ES OF THE CHILD OR	THE FAMILY	•	
(These	e will be treated in s					JIRED.
(These PLEAS	e will be treated in s SE CONTINUE ON A	trict confidence)	SUBMIT SUPPORTING	S EVIDENCE	IF REQU	
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Are there which you	e will be treated in s SE CONTINUE ON A e persons/profession u think is relevant o	errict confidence) A SEPARATE SHEET OR Separate of the separ	SUBMIT SUPPORTING t this application? (Placent if available).	ease state a	ny infor	mation
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Are there which you Name 6. GENEI The admis are availabe Please content it to	e persons/profession think is relevant of the second think is relevant of the second the second think is relevant of the second the	enals who could support attach a written staten (eg doctor/health visitor) ashire's maintained nurse on the County Council web form and attach any other	t this application? (Planent if available). Address ary schools and nursery posite at www.lancashire.ger information which yo	ease state a	ny infor Telephol intained	mation ne No.
Are there which you Name 6. GENEI The admis are availab Please con	e will be treated in second or secon	enals who could support attach a written staten (eg doctor/health visitor) ashire's maintained nurse on the County Council web form and attach any other	t this application? (Planent if available). Address ary schools and nursery posite at www.lancashire.ger information which yo	ease state a	ny infor Telephor intained s. ant. You	mation ne No.
Are there which you Name 6. GENEI The admis are available Please content it to 7. SIGNA	e will be treated in second or secon	enals who could support attach a written staten (eg doctor/health visitor) ashire's maintained nurse for the County Council web form and attach any other class which you are app	t this application? (Planent if available). Address ary schools and nursery posite at www.lancashire.ger information which yo	ease state a classes in ma gov.uk/school u feel is relev	ny infor Telephor intained s. ant. You	mation ne No.

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