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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 NURSERY SCHOOL, ACCRINGTON							
Are you applying for a place for a 2 year old	d?	or a	3 year old?	?			
Are you applying for a 15 hour funded place? YES / NO							
Are you applying for a 3 year old 30 hour funded place? YES / NO							
Will you be paying for this provision?							
Sessions Preferred:					T =5.		
MORNINGS 8.40am to 11.40am	MON	TUE	WED	THUR	FRI		
AFTERNOONS 12.35pm to 3.35 pm							
FULL DAY 8.40am to 3.35pm							
	1				<u>'</u>		
2. CHILD DETAILS							
Surname:	Forer	name(s):					
Male	le box)	Date	of Birth:				
	(Pleas	e provide e	evidence of d	late of birth	eg birth certi	ficate)	
Child's address:							
	Postcode:						
Child's home language							
Is / does the child?							
- In public care (looked after previously add	pted outsi	de of Eng	land)		Yes 🗌	No [
- Known to Children's Integrated Services (Social Worker) Yes No						\exists	
- 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.)					_		
(, you are y							
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	e(s)			DoB	[
Surname Forename				DoB			
Surname Forename	e(s)			DoB			コ
Will any of the siblings be attending the nurs	serv schoo	l at the sa	me time?	·············	′es □	No	

4. PAREI	NTS / CARERS DE	TAILS		
Surname:		Fo	rename(s)	
Address:				
(if different from child's)			Postcode:
Contact details:	Email			
	Telephone No		Mobile	
Surname:		Fo	rename(s)	
Address:				
from child's)			Postcode:
details:	Email			
	Telephone No		Mobile	
		ELFARE CIRCUMSTANC	ES OF THE CHILD O	OR THE FAMILY
	e will be treated in SE CONTINUE ON		SUBMIT SUPPORTI	NG EVIDENCE IF REQUIRED.
		onals who could suppo or attach a written stater		(Please state any information
Name		Designation	Address	Telephone No.
		(eg doctor/health visitor)		
6. GENE	RAL			
		cashire's maintained nurse on the County Council we	•	ry classes in maintained schools re.gov.uk/schools
		s form and attach any oth or class which you are app		you feel is relevant. You should
7. SIGNA	` ,			
Print Nam	e (in full)	Signed		Date
16			6 1 1 -	

If 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