



Application for Admission to Nursery Class

Child's Surname: _____ First Names: _____

Date of Birth: ____/____/____ Boy/Girl Childs permanent Home address (Proof will be required)

Brother or Sister attending Primary School YES/NO If YES, give names below

If address is outside Lewisham Borough then please state home local Education Authority.

Name(s) of parent(s) with parental responsibility with whom the child lives

Parent 1: _____ Home Tel: _____ Work Tel: _____

Parent 2: _____ Home Tel: _____ Work Tel: _____

Childs needs for this School/Nursery if for a particular or social reason (professional documentation will be required at the time of application)

Hours required (please tick as appropriate)

Standard offered hours

15 hrs per week 8:30 – 11:30am

15 hrs per week 12:30 – 3:30pm

Additional Morning Hours

Mon Tues Wed Thurs Fri 8:30 – 11:30am at £14.55 per session **Total** _____

Lunchtime Provision

Mon Tues Wed Thurs Fri 11:30 – 12:30pm at £4.85 per session _____
or £6.85 to include lunch

Additional Afternoon Hours

Mon Tues Wed Thurs Fri 12:30 – 3:30pm at £14.55 per session _____

PLEASE NOTE:

Data Protection Act 1998. Coopers Lane Primary School is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form within this for the prevention and detection of fraud. I may also share this information with other bodies solely for this purpose.

I CERTIFY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND COMPLETE. I AUTHORISE THE LONDON BOROUGH OF LEWISHAM TO CHECK THE DETAILS I HAVE SUPPLIED AGAINST RECORDS HELD WITHIN THE COUNCIL AND BY OTHER AGENCIES INCLUDING LOCAL AUTHORITIES. I UNDERSTAND THAT SUPPLYING FALSE INFORMATION MAY RESULT IN A PLACE BEING WITHDRAWN.

I understand that there is no automatic right to transfer from the Nursery Class to the Reception Class at Coopers Lane School and have been advised of the admissions criteria which are published in the 'Starting School' booklet.

I understand that I will need to complete a Common Application Form to apply for a Reception place through Lewisham Local Authority during the published registration period.

(Parents Signature) Date: ____/____/____

Conditional offer Made: _____ Date: ____/____/____

Proof of address had been demonstrated: _____ YES/NO

Birth Certificate Seen: _____ YES/NO

Offer Place confirmed for _____ term 20 Date: ____/____/____

Copy for School Copy for parents