



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:											
Are you applying for a place for a 3 year old?											
Term/Year Requested (Autumn/Spring/Summer)20											
Sessions Preferred:											
		MON	TUE	WED	THUR	FRI					
	MORNINGS										
	AFTERNOONS										
At Salesbury, we can offer the universal 15 hour funding and the use of 30 hour funding. Additional hours can also be paid for. Each half day session is 3 hours and a full day is 6.5 hours. You can also use your 30 hour funding against wraparound care from 7.45-5.45 each day. If places are available, we can admit children from the term after they become 3 years old.											
2. CHILD DETAILS											
Surname: Forename(s):											
Male ☐ F	emale (tick a singl	le box)	Date	of Birth:							
	_	(Pleas	se provide	evidence of c	late of birth	eg copy	of bir	th cert	ificate)		
(Please provide evidence of date of birth eg copy of birth certificate) Child's address:											
				P	ostcode:						
Child's home lang	guage										
Is / does the chil	d?										
- In public care (looked after)						Yes		No			
	en's Integrated Services (S	Social				Yes		No			
Worker)						Yes		No			
- EHC Plan for Special Educational Needs - Known to the Educational Psychology Service						Yes		No			
- Have a disability						Yes		No			
Yes ☐ No ☐ - Have a disability - Have an illness (If you tick yes in any box, please note sections 5 and 6 of this form.)											
(If you tick yes in an	y box, please note sections 5	and 6 of th	is torm.)								
3. SIBLINGS											
	as brothers, sisters, half bithe same family at the same					ers, ado	pted	and fo	ostered		
Surname	Forename	(s)			DoB]			
Surname	Forename				DoB]			
Surname	Forename	(s)			DoB]			

4. PARENTS / CARERS DETAILS									
Surname:	Forename(s)								
(if different from child's)		Postcoo	de:					
Contact details:	Email								
	Telephone No	o Mobile							
Surname:		Fo	rename(s)						
Address: (if different from child's)		Postcoo	de:					
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.									
which yo	u think is relevant o	onals who could suppor or attach a written stater Designation (eg doctor/health visitor)	rt this application? (Please sinent if available). Address	tate any information Telephone No.					
6. GENE	RAL								
are available Please no or class to nursery. Please collaboration	ole at nurseries and of te that if you acces hen you cannot al mplete and sign this	on the County Council well is 15 hours per week of so have additional free	ery schools and nursery classes besite at www.lancashire.gov.uk/s free provision in a Local Authorovision in a private, volurer information which you feel is blying for.	schools nority nursery school ntary or independent					
7. SIGNA	TURE(S)								
Print Nam	e (in full)	Signed		Date					
I/we ackn	owledge that the int	formation given on this	form is accurate						