



St Stephen's C E Primary School
Nursery Application Form

Child's Name: _____

Date of birth: _____ Male / Female _____

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

Child's home address: _____

Contact telephone number: _____

If home address is outside Lewisham then please enter name of home authority:

Siblings already in school: _____

Choice of session: 15 hours or 30 hours.

Morning: 9.00-12.00. Afternoon: 12.30 – 3.30pm.

Either Eligible for FREE full time place **proof required**

Full Time Top up (fee paying)

Full time free and top up places will be allocated after your child has settled in the Nursery.
Please note we are only able to accommodate a maximum of 16 full time places. Further details will be given at your first meeting with Nursery staff.

Centre of worship: Which centre of worship do you regularly attend?

Denomination: _____

E.g. Anglican, Roman Catholic, Evangelical, Muslim, Hindu etc.

I certify that the information I have given is true and complete. I understand that supplying false information may result in a place being withdrawn. **Please note: there is no automatic right of transfer from the Nursery class to the Reception class**

Signed: _____ Date: _____

Print name: _____