ST. STEPHEN' S C E PRIMARY SCHOOL

Southwark Diocesan Board of Education Multi-Academy Trust

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:_____

Contact email address: _____

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: 8.50-11.50am ☐ **Afternoon**: 12.30-3.30pm ☐ **Full time***: 8.50am-3.30pm ☐

**If you are a working parent, you may be eligible for 30hrs free childcare. Alternatively, top up fees can be paid for additional sessions. 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 I understand that supplying false information may result in a place being withdrawn.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: _____