



NURSERY APPLICATION

Child's name	
Child's date of birth	
Child's permanent home address	
Siblings attending	
Names of parents with parental responsibility	
Home telephone number	
Mobile number	
Email	
Part time place? AM/PM	
Full time place? I am eligible for 30hours because	

PLEASE NOTE This Authority 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 Authority for the prevention and detection of fraud. It 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 I understand that supplying false information may result in a place being withdrawn.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 of transfer from the nursery class to the reception class at the school. I understand that I will need to complete a common application form to apply for a reception place at a Lewisham school during a published registration period.

Parent's signature.....Date.....

FOR COMPLETION BY OFFICE STAFF

Proof of address seen	
Birth certificate seen	
Signature	
Date	

Please email completed form and supporting documents to sbm@kender.lewisham.sch.uk