



Stalmine Primary School

Mill Lane, Stalmine, Poulton-Le-Fylde, Lancashire, FY6 0LR

Telephone: 01253 700284

Email: head@stalmine.lancs.sch.uk

Headteacher:
Mrs Judith Foster

Application Form for Stalmine Nursery

Preferred Sessions: Please note: we only accept children for a **minimum of 3 sessions** per week, please tick your preferred sessions.

	Mon	Tue	Wed	Thur	Fri
AM(08:45 - 11:45)					
This section is only to be completed when a child is attending for a full day Lunch (please tick one option) 11:45 - 12:15	Packed Lunch School Meal £2.25 Free School Meal* *Please ask in office if you think your child is entitled to free school meals	Packed Lunch School Meal £2.25 Free School Meal* *Please ask in office if you think your child is entitled to free school meals	Packed Lunch School Meal £2.25 Free School Meal* *Please ask in office if you think your child is entitled to free school meals	Packed Lunch School Meal £2.25 Free School Meal* *Please ask in office if you think your child is entitled to free school meals	Packed Lunch School Meal £2.25 Free School Meal* *Please ask in office if you think your child is entitled to free school meals
PM(12:15 - 3:15)					

We can offer up to 30 funded hours per week per child: 8:45 - 11:45/12:15-3:15

All children aged 3/4 years are entitled to 15 hours funding from the term after their 3rd birthday.

Some children may be entitled to an additional 15 hours. Parents must provide evidence of their entitlement, if this proves to be invalid you will be liable to pay for any additional hours taken.

Child's Details

Surname: First Name:

Male Female Please tick one box

Date of Birth: (Please provide evidence of date of birth e.g. a copy of your child's birth certificate or child benefit book)

NHS Number:

Child's Address:
.....
.....

Is/Does the child?

- In public care (Looked after) *Yes/No*
- Known to Children's Integrated services (Social Worker) *Yes/No*
- Statemented for Special Educational Needs *Yes/No*
- Known to the Educational Psychology Service or Educational Health Care Plan (Educational Psychologist) *Yes/No*
- Have a disability or illness *Yes/No*

Siblings

These are defined as brothers, sisters, half-brothers, half-sisters, step brothers, step sisters, adopted and fostered children living with the same family at the same address (at the time of admission)

Surname: Forename: DOB:
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Will you be applying for a Reception place for your child at Stalmine Primary School Yes/No

Parents/Carers Details

Mother

First Name: Surname:

Address (if different from the child)

.....
.....

Contact phone numbers:

Home: Mobile:

Work:

E-mail:

Father

First Name: Surname:

Address (if different from the child)

.....
.....

Contact phone numbers:

Home: Mobile:

Work:

E-mail:

Other Contact

First Name: Surname:

Relationship to child:

Contact phone numbers:

Home: Mobile:

Work:

E-mail:

Medical Information

Does your child have any medical conditions, take regular medication or have any allergies. Please detail in the box below.

Empty rounded rectangular box for medical information.

Doctors name and address:

.....
.....

Please state how your child's place would be funded – tick one option

I will be using my entitlement of up to 15 hours' free provision

I am entitled to 30 hours free childcare and have an entitlement code

I will be paying for my child's place

I will be using child care vouchers

Please note that if you access 15/30 hours per week of free provision at Stalmine School then you cannot also have additional free provision in a private, voluntary or independent nursery.

Please complete and sign this form and attach any other information you feel is relevant.

Name: Signed: Date: