



St. Augustine's Catholic Primary School

Dunfield Road, London, SE6 3RD – Tel: 020 8698 6083 – Fax: 020 8461 2131

Email: info@staugustines.lewisham.sch.uk - Website: www.staugustines.lewisham.sch.uk

Co-Headteachers: Mrs H. Jarvis & Miss A. Maat

Assistant Headteacher: Mrs L. Scheuermann

School Business Manager: Mrs J. Santarossa

APPLICATION FOR NURSERY ADMISSION

All sections of this Application Form must be completed before the application can be considered by the Governors. Parents/Carers are responsible for ensuring this form is returned to the School Office.

Child's Surname: _____

Child's Christian name: _____ known as: _____

Date of Birth: _____ Gender: Male/Female

Child's Permanent Home Address: _____

_____ Postcode: _____ Daytime Telephone No. _____

Full names of Parent/Carer: Contact 1: _____ Telephone No: _____

Contact 2: _____ Telephone No: _____

Date of Child's Baptism _____ (if applicable) Church of Baptism _____

Please indicate the number of hours you would like your child to attend our nursery each week:

15 hours Mornings only (9am-12pm)

15 hours Afternoons only (12pm-3pm)

30 hours I will be entitled to 30 hours of free childcare (Parent to provide a packed lunch)

30 hours 15 hours entitlement plus 15 hours at parent cost of £75 per week (payable monthly in advance).
(Parent to provide a packed lunch)

Are there any exceptional social/medical/pastoral/other circumstances? If yes, please give details.

Data Protection Act 1998: 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/We have read a copy of the Nursery School Admission Policy (available on school website or from the school office). I/We realise that completion of this Application Form does not secure my child a place in the Nursery. I/We understand that there is **NO** automatic right of transfer from the nursery class to the reception class at the school and have been advised of the admissions criteria which is published on the Lewisham Website

<http://www.lewisham.gov.uk/myservices/education/schools/school-admission/applying-to-start-primary-school/Pages/Admissions-policy-for-community-primary-schools.aspx>

I understand that I will need to complete a Common Application Form to apply for a reception place at a Lewisham school during the published registration period.

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.

Signed _____ Date _____
(Parent/Carer)

OFFICE USE ONLY

Conditional Offer made on _____ (date)

Proof of address	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Birth Certificate seen (copy taken)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
30hrs Entitlement Code Received	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Approved by: _____

Date: _____