



St Margaret's Lee

Church of England School
Diocese of Southwark

NURSERY APPLICATION FORM

To be completed if your child's date of birth falls between 1/9/15 and 31/08/16

Child's name: _____

Date of birth: ____ / ____ / ____

Name of parent(s) or carer(s) _____

Child's home address: _____

Contact phone number: _____

Contact email address: _____

Siblings already in school: _____

If you are apply for a place on Church grounds please give the school's Supplementary Information Form (available from the school office or website) to your priest or minister for completion. It should be returned with this application form to the school office.

- I will be applying for a:**
- 15 hour funded place (no top-up)
 - 15 hour funded place (with top-up)
 - 30 hours funded place (please check entitlement)

PLEASE NOTE

Data Protection Act 1998: This school is under a duty to protect the public funds it administers and to this end may be used the information you have provided on this form with the local 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 I UNDERSTAND THAT SUPPLYING FALSE INFORMATION MAY RESULT IN A PLACE BEING WITHDRAWN.

Print name: _____

Signed: _____

Date: _____



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www.stmargaretslee.lewisham.sch.uk

Headteacher : Ian Wilson
Deputy Headteacher : Terri Bushell