208 Sydenham Road, London, SE26 5SE

admin@olspn.lewisham.sch.uk

NURSERY Application 2026-2027

For Children Aged 3 and 4 Years Old

Please help us to help your child by completing this sheet as fully as possible.
All information provided will be treated confidentially.

Surname of Child		**First Name**	
Date of Birth		**Male ☐ Female ☐**	
Home Address			
Post Code		**Home Tel Number**	

First Language	

Other Languages heard at home

Was your child born in the UK? If not, give date of entry

Child's Ethnicity		**Child's Nationality**	

Child's religion

Hours Required (Select which applies)	**15 Hours ☐ 30 Hours ☐**

Please write down any previous schools/settings/childminders that have looked after your child.

Mother's Full Name	

Mother's Mobile		**Mother's Email Address**	
Parental Responsibility	**Yes ☐ No ☐**		
Father's Full name			
Father's Mobile		**Father's Email Address**	
Parental Responsibility	**Yes ☐ No ☐**		

Additional Carer's Information

Mother's Occupation	**Father's Occupation**
Occupation -	**Occupation -**
Address -	**Address -**
Telephone No -	**Telephone No -**

Name and address of any parent who no longer lives in the family home and who should be provided with newsletters and other communications from the school.	
Name	
Address	
Email Address	

Names and ages of Brothers/Sisters	
Schools attended by Brothers/Sisters	

Name of Family Doctor	
Address of Family Doctor	

Any medical conditions including allergies or intolerances? **(Select which applies)**	**Yes ☐ No ☐**
If so: **Medical Conditions**	

Is your child on long term medication? **(Select which applies)** **Yes ☐ No ☐**

Medication name (if required)

Is your child toilet trained and able to use a toilet independently? **(Select which applies)**	**Yes ☐ No ☐**

Does your child have any Dietary Requirements?	

Does your child have Special Educational Needs? **(Select which applies)** **If yes please give further details of needs and agencies involved.**	**Yes☐** **No☐**	**Details:**

Any other relevant information about your child.	

Is your child subject to involvement with Social Care? **(Select which applies)**	**Yes ☐ No ☐**
If yes, is it for	**CIN (Children in need) ☐ CP (Child Protection) ☐**
Is your child in Public Care (i.e. resident with foster carer or in a children's home?) **(Select which applies)**	**Yes ☐ No ☐**

If you answered yes, then please provide the following details below:	
Social Worker Name	

Social Worker Tel No

Local Authority with whom the child is in care

Date on which the child took up residence at current address

Please make sure you fill in ALL boxes on the information sheets including places of work and Doctor's name and address.

If you change your mobile numbers or you want to remove/add a person to pick your child up please inform the office ASAP.

PARENT/CARER'S DECLARATION

You **MUST READ** and **UNDERSTAND** this part of the form.
When you have done so, please sign and date the form and return it to the main office.

The information I have supplied is correct and if there are any changes to any of the details listed, I will notify the school immediately.

Signature of Parent/Carer …….. Date ……

Data Protection

All personal data received by Our Lady & St Philip Neri School is handled in a confidential manner and is stored securely on a computer or in a lockable file on location. Our Lady & St Philip Neri School use this information in line with the General Data Protection Regulations. Records will be held until your child leaves Primary School. There are strict controls in place as to who can see your information. We will not share your data if you have advised us that you do not want it shared unless it is a legal requirement to do so, or for the health and wellbeing of the child.

Signature of Parent/Carer …….. Date ……..