**EXPRESSION OF INTEREST FORM FOR ADMISSION TO**

**Lawley Primary School Nursery**

**Please complete each section. Complete one form per child.**

**THIS IS AN EXPRESSION OF INTEREST FORM AND DOES NOT GUARANTEE A PLACE FOR YOUR CHILD. YOU WILL BE CONTACTED WITH AN ADMISSION PACK ONCE A PLACE HAS BEEN ALLOCATED.**

**Pupil Details**

|  |  |  |
| --- | --- | --- |
| **Surname:** | **Forename:** | **Middle Name(s):** |
| **Male/Female:** | **Pupil’s Home Address:** | **Admission Requested: (please indicate)****September 2025** **January 2026****April 2026****September 2026** |
| **Pupil’s Date of Birth:**  |
| **Current Nursery:**  |

**Full Names Of Parents/Carer (Including Address If Different From Above)**

|  |  |
| --- | --- |
| **Parent Full Name:** | **Parent Full Name:** |
| **Address (If Different From Above):**  | **Address (If Different From Above):**  |
|
| **Telephone No.** | **Telephone No.** |
| **Email Address:** | **Email Address:** |

**I confirm I have gained consent to share the information of any Parent/Carer listed above.**

**Name …………………………………….………………….. Signed ……………………………………….………………**

|  |
| --- |
| **Parental Responsibility****Is your child for which you have Parental Responsibility in Local Authority Care?  YES/NO****If YES, which Local Authority** |
| **Is your child subject to a Child Protection Plan/Child in Need Plan? YES/NO****If YES, please give further details****If you do not wish to disclose details on this form, please tick YES and enclose further information in a sealed envelope marked Private & Confidential for the attention of Mrs Carol McQuiggin (Headteacher)** |

|  |
| --- |
| **Is your child previously adopted from care YES/NO****If YES, please provide a copy of the Adoption Order** |

**Further Information**

|  |  |
| --- | --- |
| **Does Your Child Have Any Disabilities?** | **Yes / No** |
| **DISABILITY DETAILS:** |

|  |  |
| --- | --- |
| **DOES YOUR CHILD HAVE ANY OTHER MEDICAL OR SPECIFIC NEEDS?** | **YES / NO** |
| **DETAILS:** |

**Do you have an older child already attending Lawley Primary School? Please give their full name/s and date of birth below.**

|  |  |
| --- | --- |
| **Full Name:** | **Full Name:** |
| **Date Of Birth:** | **Date Of Birth:** |

**Do you have any other siblings below school age? Please give their details below**

|  |  |
| --- | --- |
| **Full Name:** | **Full Name:** |
| **Date Of Birth:** | **Date Of Birth:** |
| **Nursery/Playgroup:** | **Nursery/Playgroup:** |

**It is the responsibility of the parent to update any information should details change e.g. siblings attending either Lawley Primary School or change of address etc.**

**Session times and intakes**

Lawley Primary Nursery has 3 intakes throughout the year, September, January and April (subject to availability). Please see our Nursery Admissions Policy for deadlines for applications and information on how places are allocated.

Please indicate below your session preference. If you are flexible please tick all that apply.

|  |  |
| --- | --- |
| **15 hour Provision** |  |
| Five mornings (9.00am – 12.00pm) |  |
| Five afternoons (12:00pm - 3:00pm) |  |
| Half Day Top Up – Charged at £15 |  |
| **30 hour Provision** |  |
| Daily 9.00am – 3.00pm  |  |

Breakfast Club sessions are charged at £5.00 and the After School Club session is charged at £15.00 These rates are subject to review by the School and Governing Body.

|  |  |  |
| --- | --- | --- |
|  | **8am – 9am** **Breakfast Club** | **3pm – 6pm****After School Club** |
| **Monday** |  |  |
| **Tuesday** |  |  |
| **Wednesday** |  |  |
| **Thursday** |  |  |
| **Friday** |  |  |

**Funding Eligibility 3&4 YEAR OLDS**

Is your child eligible for 30 free hours? YES / NO

Is your child eligible for 15 free hours? YES / NO

By submitting this form I understand that:

Admission into Lawley Primary School Reception Year is controlled by Telford and Wrekin Local Authority. Information on how to apply for a Reception place is available [School admissions - Telford & Wrekin Council](https://www.telford.gov.uk/info/20026/school_admissions)

**School Contact**

**School would like to contact you via email. Your information will not be shared with any third party and is used solely for the purpose of communicating with Parent/Carers.**

**I give consent to being contacted by Email**

Please return this form to the school office or via email to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE ONLY**

Completed form received date ……………………Received by:……..………………………………

Place offered

Waiting List

Additional information: