

MARVELS LANE PRIMARY SCHOOL

Riddons Road Grove Park London SE12 9RA

Telephone: 020 8857 3904 info@marvelslane.lewisham.sch.uk www.marvelslane.lewisham.sch.uk

Headteacher: Edward Dove Deputy Headteacher: Isabel Hedderman

APPLICATION FOR ADMISSION TO MARVELS LANE NURSERY

Surname:	Forename:	Forename:		
Date of Birth:	Male	Female		
Address				
Postcode:	Borough	Borough		
	g			
•	S – this must be the person who has	parental responsibility for		
the child. Please provide proof				
(Preferably a Council Tax state				
Surname:	Forename:	Miss/Mrs/Ms/Mr		
Contact Number:	Relationship to child	Relationship to child:		
	P			
Address (if different to above)				
Email address:				
	II C this must be the newson who h	ag navantal vagnancihility		
SECOND PARENT/CARER DETA	AILS – this must be the person who h	as parental responsibility		
SECOND PARENT/CARER DETA for the child. Please provide pr	roof of I.D. and address)	as parental responsibility		
SECOND PARENT/CARER DETA	roof of I.D. and address)	nas parental responsibility Miss/Mrs/Ms/Mr		
SECOND PARENT/CARER DETA for the child. Please provide pr (Preferably a Council Tax state	roof of I.D. and address) ment)	Miss/Mrs/Ms/Mr		
SECOND PARENT/CARER DETA for the child. Please provide pr (Preferably a Council Tax state Surname: Contact Number:	roof of I.D. and address) ment) Forename:	Miss/Mrs/Ms/Mr		
SECOND PARENT/CARER DETA for the child. Please provide pr (Preferably a Council Tax state Surname:	roof of I.D. and address) ment) Forename:	Miss/Mrs/Ms/Mr		
SECOND PARENT/CARER DETA for the child. Please provide pr (Preferably a Council Tax state Surname: Contact Number:	roof of I.D. and address) ment) Forename:	Miss/Mrs/Ms/Mr		
SECOND PARENT/CARER DETA for the child. Please provide pr (Preferably a Council Tax state Surname: Contact Number:	roof of I.D. and address) ment) Forename:	Miss/Mrs/Ms/Mr		

ABOUT YOUR CHILD - Does your child have any medical or special educational needs? (Please give details below)						
give details below)						
SIBLINGS - Does your child have any siblings?	(Please give detai	ls belo	w)			
Do any of these siblings attend Marvels Lane Pr	Do any of these siblings attend Marvels Lane Primary School?		/es	No		
	1		1			
PLACEMENT TYPE - Please indicate whether you	-	_		-		
(dependent on meeting the eligibility criteria)	and which sessio	n you v	would preid	er.		
Part-Time (Universal 15 hours per week) – This is your shild's outsmatis entitlement and surrently consists of 4			YES			
This is your child's automatic entitlement and currently consists of 4 mornings or 4 afternoons per week and 1 full day (please state						
preference opposite. You will discuss your child a	ttending for their f	ull (9:	MORNINGS AFTERNOONS (9:00-11:30am) (12:45-3:15pm)			
day once they are settled) Full-Time (Extended 30 Hours per week) –		<u> </u>				
Some children will be entitled to an additional 15 hours of funding, YES				ES		
totalling 30 hours per week (9:00am-3:15pm). You can find out if you think you may be eligible for the 30 hours by visiting			30 Hours (9:00am-3:15pm)			
www.childcarechoices.gov.uk or ask a member of the office team who						
can provide a fact sheet.						
DECLARATION						
• All information provided on this form is correct at the time of completion (places may be withdrawn if any						
incorrect information is found to be given).I understand that there is no automatic right of trans	sfer from Marvels La	ne Nurs	erv to Marve	ls Lane		
Reception classes.			-			
• I will keep the school informed if my circumstances c		details	need to be u	pdated.		
Parent Signature:	Date:					
FOR OFFICE USE ONLY	_		Γ.			
Proof of Identity and DOB seen?	YES		NO			
Proof of Address seen?	YES		NO			
lace Type 15 HOURS 30 HOURS ate application added to waiting list:						