

REAY PRIMARY SCHOOL Hackford Road, London SW9 0EN T: 020 7735 2978 F: 020 7820 9165

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	NURSERY APPLICATION FORM	DATE DUE				
Applying for:	30 Hours Free Full time place Top Up Full time place Morning place (with lunch) Afternoon place (8:45am – 11:45am) (12noon – 3.00pm)	ace 🔲				
PLEASE NOTE; If selecting a morning only or full time place, lunch at school is part of that session and is supplied if entitled to Free School Meals, and charged £2.40/day if not.						
DETAILS OF CHILD	:					
SURNAME						
OTHER NAME/S						
GENDER DATE OF BIRTH						
ADDRESS						
	POSTCODE					
Has the child got a	YES/NO					
Is the child Looked	YES/NO					
Is the child recommended for a full time place by a TAC locality or disability panel? YES/NO						
•	entitled to receive Income Support, Child Tax Credit,	VEC/NO				
Unemployment Be	YES/NO					
Is the child entitled Does the child have	YES/NO YES/NO					
Does the child have	YES/NO					
Does the child have	YES/NO					
If Yes, please give details:						
If you answered YES to any of the above, you must provide further information together with all relevant supporting documentation.						
If you are applying	for a 30 hours free childcare place please provide us with the foll	owing information:				
Surname of Parent	/Carer NI or NASS num	ber				
Date of birth of Pa	rent/Carer					

DETAILS OF PARENTS/CAREF	RS:					
NAME OF 1st PARENT /CARER		NAME OF 2 nd PARENT /CARER				
TELEPHONE NUMBER/S						
EMAIL						
OTHER CHILDREN IN FAMILY	:					
FULL NAME		DATE OF BIF	RTH	SCHOOL ATTENDING		
BOROUGH OF RESIDENCE:						
				D		
SIGNATURE OF PARENT/CARER:				DATE		
For office use only:						
Birth Certificate Seen:	Yes/No	Seen by		Date:		
Proof of Residence Seen:	Yes/No	Seen by		Date:		
(A recent child benefit, child tax credit or council tax letter)						