



# Little Chalfont Primary School - Nursery

## Application Form for a place in the Nursery at Little Chalfont Primary School

Please complete this form in **BLOCK CAPITALS** and email into the school office [office@littlechalfont.bucks.sch.uk](mailto:office@littlechalfont.bucks.sch.uk) by 9am 16/01/2026. Applications will be considered and the first round of allocation of places will be made from 16/01/2026. Following this any remaining places will be allocated on a first come first served basis.  
**Please note, attendance in the Nursery does NOT give priority of admission into the School.**

### CHILD DETAILS

Legal Surname:

As shown on Birth Certificate/Passport

Legal Forename:

As shown on Birth Certificate/Passport

Gender: Male / Female *(delete as applicable)*

Date of birth:

Middle name(s):

Preferred Surname:

Preferred Forename:

### ADDRESS DETAILS

Home

\* House No./Name: \_\_\_\_\_

\* Street: \_\_\_\_\_

\* Town/City: \_\_\_\_\_

\* County: \_\_\_\_\_

\* Postcode: \_\_\_\_\_

*\*required fields*

The home address is the address at which the child normally lives. If this is different from the parent/carer address given overleaf then please explain why below. Similarly, if parents share custody, please state this and give both addresses overleaf. If the child's residence at the present address (whether living with parents or any other person) is not permanent, please state the reason and probable duration of the stay, and give the name address of the person with whom the child normally resides:

## CONTACTS

<b>Parent/Carer 1:</b> Mr / Mrs / Miss / Ms / Other _____ (Name):		<b>Parent/Carer 2:</b> Mr / Mrs / Miss / Ms / Other _____ (Name):	
<b>Relationship to child:</b> Do you have parental responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Relationship to child:</b> Do you have parental responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Address</b> (if not child's home address above):		<b>Address</b> (if not child's home address above):	
<b>Post Code:</b>		<b>Post Code:</b>	
<b>Tel Nos:</b>	Home:	<b>Tel Nos:</b>	Home:
	Mobile:		Mobile:
<b>e-mail:</b>		<b>e-mail:</b>	
With whom does the child live?			
Does the child have any siblings currently attending Little Chalfont Primary School? Yes/No			
If yes, Siblings name:			

Please attach a copy of any court orders relating to your child. Please tick if attached

### OTHERS WITH PARENTAL RESPONSIBILITY AS DEFINED BY CHILDREN ACT 1989

Parental responsibility may be shared between a number of people beyond the child's natural parents, for example those with a Parental Responsibility Order. Married parents have equal parental responsibility; on separation or divorce both parents continue to have responsibility. In such circumstances the school will forward copies of school reports, etc. to the separated parent if requested. Please give details below:

<b>Name</b> (and relationship to child): Mr / Mrs / Miss / Ms / Other _____			
<b>Home Address:</b>		<b>Work Address:</b>	
<b>Post Code:</b>		<b>Post Code:</b>	
<b>Tel Nos:</b>	Home:	<b>Tel Nos:</b>	Work:
	Mobile:		Mobile:

Is the child in Public Care of a Local Authority or were they previously in public care?

Yes  No

If 'yes'; please provide a letter from the social worker confirming the legal status of the child and the Local Authority with whom the child is in Care.

Do you have exceptional social or medical reasons for wanting a place in the nursery at Little Chalfont School? If so please provide evidence from an appropriate professional setting out why only Little Chalfont School can meet your child's needs during the nursery phase.

Yes  No

**PATTERN OF ATTENDANCE**

Prior to compulsory education, every child is entitled to receive 15 hours a week (5 sessions) free education from the start of the term following his or her third birthday. Additional sessions may be purchased. Morning sessions are 9am-12pm. Afternoon sessions are 12pm-3pm

Please state which sessions you would require your child to attend Little Chalfont School Nursery Class		
	A.M	P.M
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>

**PARENTAL DECLARATION**

**DATA PROTECTION STATEMENT:** *The purpose of this form is to collect information for the purpose of processing your application for a place in the nursery at Little Chalfont Primary School. Your signature on this form implies your consent for the school/Local Authority/Health Authority to process the data. The data will be processed in accordance with the purposes notified by the school/Local Authority/Health Authority to the Data Protection Commissioner's office and are subject to the Data Protection Act. The information given will be entered onto a computer and will form part of the School's database.*

**DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY:**

*I declare the above information to be correct to the best of my knowledge at the time of completion.  
I agree to notify the school of any change in my child's circumstances.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

2025-26

Office Use Only:

Catchment

Sibling

DOB in range

Notes.....