



Crown Lane, London, SW16 3HX
tel: 020 8670 4713 fax@ 020 8766 6094
email: enquiries@crownlane.lambeth.sch.uk
www.crownlane.lambeth.sch.uk

Headteacher: Mr Gavin Farrell

NURSERY APPLICATION FORM

Child's First Name: _____ Last Name: _____

Boy [] Girl [] Date of Birth: _____

Home Address: _____

_____ Postcode: _____

Borough of Residence: _____

Name of Parent/Carer(s): _____

Daytime Telephone No: _____

Indicate your attendance preference (please note, this may not be guaranteed):

**Part-time morning 08:50am – 11.50am [] or Part-time Afternoon 12:10pm – 15:10pm [] or
30 hour childcare 08:50am – 15.10pm [] DERN Number (starts with 500/11): _____**

Language(s) spoken at home: _____

Child's first language: _____

Ethnic Origin: _____

Does your child have a sibling at Crown Lane? Yes [] No []

If Yes, who? _____

Has your child attended our Children's Centre sessions? Yes [] No []

Reasons for applying to Crown Lane Nursery: _____

Does your child have any Special Educational Needs (either educational/medical that may require assistance)?
Yes [] No [] If yes, please state: _____

Signature: _____ Date: _____

****please inform the school if your contact details change or if you no longer require the place****