## LYNCREST PRIMARY SCHOOL, LYNCREST AVENUE, NORTHAMPTON, NN5 5PE 01604 751336

## **APPLICATION FOR ADMISSION TO NURSERY**

CHILD'S FORENAME	SURNAME	
MALE FEMALE	DATE OF BIRTH	
ADDRESS		
	POS	T CODE
EMAIL ADDRESS		
HOME LANGUAGE		
	PARENT/CARER ONE	PARENT/CARER TWO
Name		
Contact Number		
Date of Birth		
National Insurance Number		
<ul> <li>☐ 12.30pm − 3.30pm</li> <li>☐ 8:50am − 3:30pm (you need to overleaf)</li> </ul>	to fit the criteria for these hours, p	lease see information
30 Hour Eligibility Code		
SIGNED (Mr, Mrs, Miss, Ms)		DATE
(PARENT / CARER) Please Print Sur	name	
I understand that I will need to ap admissions department even if m	ply for a school place through Wes y child attends Lyncrest Nursery.	st Northamptonshire Council
FOR OFFICE USE ONLY		
Pre-admission group ☐ Punil D	ata form Funding form	Admitted