

## Lockington CE VC Primary School

Headteacher: Mrs Julie Cattle
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## Lockington Little Lights EXPRESSION OF INTEREST

I would like to express an interest in applying for a place for my child at Lockington Little Lights Nursery.

I understand that there will be 15 hours on offer, spread over five sessions of 9am-12pm (Tuesday to Thursday) and 12.30pm-3.30pm (Tuesday and Wednesday only) during school term time.

I understand that I am able to apply for my child to start Lockington Little Lights in the term after they are three.

I understand the full application form will be sent nearer my child's start date. I also understand that this form is not an application for a school place.

	CHILD'S DETAILS
Child's forename:	
Child's surname:	
Child's date of birth:	
Home address: (including post code)	

Morning Session Required	Tick as Required	Afternoon Session Required	Tick as Required
Tuesday		Tuesday	
Wednesday		Wednesday	
Thursday		/////	/////

I would like my child to start nursery during the September/January/April intake (please delete as appropriate).

PARENT/CARER'S DETAILS (MAIN CONTACT)				
Forename:				
Surname:				
Title:	Mr / Mrs / Miss / Other – please state			
Relationship to child: (eg mother, father, carer, guardian)				
Home address: (including postcode)				
(Only fill this section in if different from child's address)				
Daytime telephone number:				
Mobile telephone number:				
Email address:				
I CONFIRM THAT I HAVE FULL PARENTAL RESPONSIBILITY FOR THE CHILD NAMED ABOVE				
Signed:		Date:		
Print name:				
The information included on this form will not be shared with any other party. The school will use the information on this form to enable us to contact you to send you further information about a place for your child in Lockington Little Lights.				
I confirm that I consent to the school using the data provided on this form as specified above.				
Signed: Date:				