ST. LUKE'S C.E. PRIMARY SCHOOL
Saunders Ness Road, Isle of Dogs London E14 3EB
Tel: 020 7987 1753
Fax: 020 7536 9722
e-mail office@stlukeslondon.org

NURSERY APPLICATION FORM 2026-2027

Child's Details

Child's full name:	
Date of Birth:	
Home Address:	
Postcode:	

Parent Details

Parent name:	
Address:	
Telephone number:	
Please indicate if you are a member of staff. *If you are, what role to you have and when did you take up post?*	

Details of Religion

Religion of child: (Please tick)	Anglican	Other Christian (name of denomination e.g. Baptist)	Other faith
Parish you live in:			
Church where child was baptized. (Name, Address and Telephone)			
Date of baptism:			
Church you currently attend (Name, Address and Telephone)			
Name of Priest/Minister signing the Nursery Supplementary Form: (where appropriate)			

Names of any sibling(s) (brothers or sisters) and name of school attended if applicable

Name	D.O.B	School/year group
1)		
2)		
3)		

Please circle as appropriate for the following statements. If you circle 'Yes' you will need to attach the relevant evidence:

Do you think that you are eligible for the 30 hours' free child care?	**Yes**	**No**
If yes, please write down your eligibility code.		
If you think you are eligible, would you spend the full 30 hours on a full time Nursery Place if one becomes available? Please ask for an additional form from the school office to demonstrate eligibility.	**Yes**	**No**
Does your child have exceptional medical, pastoral, special educational or social needs that you would like us to take into account when applying the Admissions Policy? If yes, please attach additional professional evidence.	**Yes**	**No**

I confirm that I have read and understood the Admissions Policy and that the information I have provided is correct. I understand that I must notify the school immediately if there is any change to these details and that should any information I have given prove to be inaccurate that the governors may withdraw any offer of a place even if the child has already started school.

Signed…… Date…..…….

Checklist:

Have you enclosed?

Proof of address (2 utility bills within the last 3 months)
Nursery Supplementary Form (where necessary)
Evidence of exceptional need (where appropriate)

The application form needs to be handed in to the school office by 14th February 2026 at the latest. Please note that if your application is received after the deadline date, it will only be considered if an offer is not accepted after all places have been allocated.

FOR OFFICE USE ONLY

Proof of Address	☐	Date……..…..Initials……....
Nursery Supplementary Form (if applicable)	☐	Date……..…..Initials……....
Evidence of exceptional need	☐	Date……..…..Initials……....

Date Application Received ……..