

St. John's Church of England Primary School and Nursery

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Headteacher Mr. R. Averis B.Sc. P.G.C.E. N.P.Q.H.



Request to increase number of sessions or alter the times of sessions your child attends nursery

Please use this form to request increasing the number of sessions your child attends nursery and/or alter the times of the sessions that they currently attend. Please be aware that we will always try to accommodate these requests but all changes are subject to availability of places and school resources. We will also have to consider future applications for places that have been made with regards to our admissions policy.

The Nursery Admissions Policy is available on the school website or from the school office. Please refer to this when completing this form to inform you on such things as minimum sessions.

Name of child _____

Date your child started nursery _____

Please tick the appropriate box(es)

☐ I would like to increase the number of sessions my child attends nursery

☐ I would like to alter the times of the session that my child attends nursery

At present my child attends nursery on (please tick the boxes)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Lunch					
Afternoon					

I would like my child to attend nursery on (please tick the boxes)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Lunch					
Afternoon					

Date that I would like this change to be from

Continued overleaf.....



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If you are applying to attend for more than 15 hours a week, please confirm you are entitled to the extended funding:

☐ I have checked and I am eligible for up to 30 hours extended provision (tick if applicable)

My 30 hour eligibility code is _____ My national insurance number is _____

By signing this form, I consent to this information being checked on the government database.

I understand that it is my responsibility to apply for and reconfirm extended provision eligibility, by the Government deadlines and my child can only attend for more than 5 sessions if they are eligible.

Please return this form to the school office to enable us to consider your request.

Parent signature _____ Name of parent _____

Telephone _____ Date form completed _____