



St Ives Infant School
The Burrows, St Ives, TR26 1DH - Tel 01736 796628

EXPRESSION OF INTEREST FOR THE ADMISSION TO NURSERY

Surname of child:..... Date of Birth

Christian name/s of child:.....

Home address (address at which child is usually resident during the school week)

.....

.....

Postcode..... Email address:

Home Tel Number:..... Mobile Tel Number:.....

Full name of Mother/Father/Legal Carer:

Mrs/Ms/Mr/other:

Full name and home address of parent if different from the above

.....Postcode.....

Is this application for a child in public care? YES / NO

I hereby make this application for the above named child to be admitted to the nursery of
St Ives Infant School

Signed.....Date.....



Please complete and return to the School at the above address.

Child's Name

Date of Birth.....

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM 8.45am – 11.45am					
LUNCH 11.45am – 12.30					
PM 12.30pm – 3.30pm					

I would like my child to attend nursery for:..... hours per week.

If you are eligible for the 30 hours funding please provide the 11 digit **eligibility code**:..... **issue date**:.....

and National Insurance number and DOB of parent(s)/carer(s) making claim:

NI Number.....

Parents DOB.....

Signed..... Date.....