



St Ives Infant School

The Burrows, St Ives, TR26 1DH – 01736 796628

## EXPRESSION OF INTEREST FOR THE ADMISSION TO NURSERY

Childs Forename:.....

Childs Surname:..... Date of Birth:.....

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

.....

.....

.....Postcode:.....

Full name of Mother/Father/Legal Carer:.....

Mrs/Ms/Mr/Other:.....

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

Email Address:.....

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

.....

.....Postcode:.....

Is this application for a child in public care? YES/NO (Please circle)

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 (3 hours)					
LUNCH 11.45am- 12.15pm (30 mins)					
PM 12.15pm- 15.15pm (3 hours)					

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:.....