

## Friskney All Saints C of E Primary School Nursery Application Form

Known as (If differer	Child's Full Legal Name:							
Known as (If different from legal name):								
Date of birth: Gender:								
The school will need to see the child's birth certificate in order to process the								
application								
Address: (this should be the address where the pupil lives most of the time)								
Postcode:								
Parent/Carer full names:								
Address: (If different from above)								
NI Number(s):	Dat	te(s) of Birth:						
Tel No:	Mobile:	E-mail ac	ddress:					
	fother children in the	household of school	age or pre-school ag	е.				
Name	Date of Birth		ol (if any)	-				
Are there any other	professionals involved	d with the family (spe	ech therapist/social v	worker):				
I am entitled to up to	o 30 hours free early e	education (please co	mplete Option 1)					
I am entitled to 15 h	ours free early educat	tion only (please com	nlete Ontion 2 or sec	Lam antitled to 15 hours from early education only (please complete Option 2 or section 2) $\Box$				
I am entitled to 15 hours free early education only (please complete Option 2 or section 3) [] (If you wish to purchase additional sessions on top of your 15 hours EYE funding, please contact us)								
(If you wish to purch	ase additional session							
	ase additional session							
Option 1		ns on top of your 15 h	ours EYE funding, plea	ase contact us)				
Option 1 I am entitled to up to	o 30 hours and would	is on top of your 15 h	ours EYE funding, plea	ase contact us) ed - 8:30 – 3:00 daily				
Option 1		ns on top of your 15 h	ours EYE funding, plea	ase contact us)				
Option 1 I am entitled to up to Monday	o 30 hours and would Tuesday	like my child to atten Wednesday	ours EYE funding, plea nd sessions as indicate Thursday	ase contact us) ed - 8:30 – 3:00 daily Friday				
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Please note that completion of this form does not guarantee a place at the nursery.

Places will be allocated on a first come, first served basis dependent on funding eligibility.