SOUTH WILFORD
Endowed C of E Primary School

Request to Amend Nursery Hours

Please complete this form to request a change to your child's current nursery sessions. Requests are considered on a termly basis and all session changes are subject to availability, staffing ratios and nursery capacity.

Child's name:_____

Child's date of birth: / /

Parent/Guardian name: _____

Contact phone number: _____

Email address: _____

Government Funding

Current Funding Level: ☐ 15 Hours ☐ 30 Hours ☐ None (Self-Funded)

Will the new schedule affect your funded childcare entitlement? ☐ Yes ☐ No

Current 30-Hour Eligibility Code (if applicable)

Parent National Insurance number (for 30-hour funding verification)

Parent date of birth: / /

South Wilford
Endowed C of E Primary School
Main Road, Wilford, Nottingham
NG11 7AL

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admin@southwilford.nottingham.sch.uk
www.southwilford.nottingham.sch.uk

Head Teacher Natalie Aldridge
Chair of Governors Neil Johnson

In Partnership with
TRANSFORM TRUST
'Together we Achieve'

SOUTH WILFORD
Endowed C of E Primary School

Proposed session changes

Please tick to indicate which sessions your child currently attends

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Please tick to indicate which sessions you would like your child to attend

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Please note that any changes will take effect at the start of the new term.

Parent/Carer Declaration

I understand that requested session changes are subject to availability, staffing ratios and nursery capacity. I also understand that any changes affecting funded childcare hours may require verification of funding eligibility.

I confirm that the information I have provided is accurate and complete. I agree to the conditions set out in this form and authorise South Wilford Primary School to claim early years entitlement funding on behalf of my child where applicable. I understand that information collected on this form may be shared with the Local Authority for funding and administrative purposes.

Parent/Guardian Signature: _____

Date: / /

We will notify you by email once your request has been reviewed and processed.

FOR OFFICE USE ONLY

- Date Form Received: _____
- Capacity & Ratio Check: ☐ Available ☐ Waiting List
- Funding Code Verified (if applicable): ☐ Yes ☐ No
- Change Status: ☐ Approved ☐ Declined
- Confirmed Start Date for New Hours: / /
- Finance/Billing Updated: ☐ Yes ☐ No
- Email confirmation of changes processed to parent: / /

Signature: _____ Date: / /

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