

HALLGATE PRIMARY SCHOOL
EXPRESSION OF INTEREST FORM FOR PRE-SCHOOL

Please complete this form and return it to the school as soon as possible at the address at the end of this form.

Pupil Information

Forename Surname

Middle Names Date of Birth

Gender (Male/Female

Home Address

.....

.....Postcode.....

Siblings: does your child have a sibling attending our school/preschool? YES/NO.....

Name of sibling(s)

Nursery History

Previous/current Nursery Attended

Between Dates and

If you intend for your child to continue attending this nursery in addition to Hallgate Primary School, please state the preferred session for each setting in the table below. Please use FD for Full Day, AM or PM, to complete the day boxes. Please note to be fair to the children on our waiting list we initially allocate 15 hours per child.

Name of provider:	Mon	Tues	Wed	Thurs	Fri	Total hrs per week
1) Hallgate Primary Preschool						
2)						

Do you have or are you applying for a 30-hour voucher code? Yes/No (Please indicate if you will be applying)

Entitlement Code National Insurance No

We have a limited number of places for preschool children in our extended school provision are you interested in your child attending the extended school? YES/NO

Full name of the contact with parental responsibility (e.g. mother/father/carer)

Name

Address (if different from child)

Parental responsibility

Tel No

E Mail address

Signature Date

If you have any questions, please telephone or email Hallgate Primary School, Cottingham. 01482 846136, hps@eastriding.gov.uk.

Box below is for office use only

A		C		S		E	
----------	--	----------	--	----------	--	----------	--