

Coteford Infant School



Parent Declaration for the 30 Hour Free Entitlement

Child's Legal Family Name		Child's Legal Forename (s):	
Name by which the child is known (if different from above):			
Child's Date of Birth		Male / Female	
Address:			
Postcode:			
Parent 1 Name	National Insurance Number		
Parent 2 Name	National Insurance Number		
30 Hours Eligibility Code:			

I hereby declare that I will be taking all of my 30 hours entitlement at Coteford Infant School.

I wish to buy additional hours 2.30 – 3.30 p.m. at a cost of £6.00 and hour – Please as appropriate

Monday	Tuesday	Wednesday	Thursday	Friday

Parent's signature: _____

Print Parent's Name: _____

Contact Telephone Details: _____ Date _____

PLEASE RETURN TO SCHOOL BY Monday 14th July 2017