Please complete this form and return it to the school office or via email to [kirklevington@kirklevington.org.uk](mailto:kirklevington@kirklevington.org.uk)

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| --- | --- | --- |
| **Section One –Your Child** | | |
| Child’s Surname: |  | |
| Child’s First Name: |  | |
| Child’s Middle Name: |  | |
| Gender: |  | |
| Date of Birth: |  | |
| Full Home Address: |  | |
| Postcode: |  | |
| Will your child be eligible for Free School Meals? | | Yes / No |

|  |  |
| --- | --- |
| **Section Two – Further Information** | |
| Is your child currently attending a Nursery? | Yes / No |
| If Yes, which Nursery do they attend? | |
| Does your child have a sibling that currently attends Kirklevington Primary? | Yes / No |
| Sibling name: | |
| Does your child have any additional needs? | Yes / No |
| If Yes, please briefly summarise: | |
| Does your child have any allergies? | Yes / No |
| If Yes, please briefly summarise: | |

|  |  |
| --- | --- |
| **Section 3 – Your Details** | |
| Parent/Carer One  Name: | Parent/Carer Two  Name: |
| Relationship to Child | Relationship to Child |
| Address: | Address: |
| Postcode: | Postcode: |
| Telephone 1: | Telephone 1: |
| Telephone 2: | Telephone 2: |
| Email: | Email: |
| National Insurance Number: (if claiming for 30 hours) | National Insurance Number: (if claiming for 30 hours) |
| Are you employed by HM Forces?  Yes / No | Are you employed by HM Forces?  Yes / No |

|  |  |
| --- | --- |
| **Section 4 – Please Select One Option** | |
| **Option A – 15 hours**  Monday to Friday  9:00am to 12:00pm |  |
| **Option B – 30 hours\***  Monday to Friday  9:00am to 3:00pm |  |

\* A valid 30 hour code is required for your child to stay 30 hours. This must be obtained from HMRC. **Limited 30 hour spaces are available and are allocated on a first come, first served basis.** If your child attends for 30 hours you can provide your child with a packed lunch or pay for a school meal, which is currently charged at £2.50 per day.

|  |  |
| --- | --- |
| Signature of Parent/Carer: | Date: |