

St. Peter's Church of England Primary School Church Lane, Hixon ST18 OPS

Headteacher: Mrs. C. Pilkington Tel: 01889 270233



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CHANGE OF HOURS REQUEST

Parents and carers are requested to complete this form to request permanent changes to children's booked sessions within the setting. Any amendments are subject to availability. If spaces are available in requested sessions, the setting may be able to accommodate changes to agreed hours more quickly but this is at the discretion of the school. If we cannot accommodate your change of hours request, you will be placed on the waiting list and the request actioned as soon as a place becomes available.

Child's Det	tails							
Child's Name								
Date of Birth:					Date of Completion:			
Requested	Sessions							
Please indicate sessions to cont terms and cond	tinue indefinit		•	· ·	-			· ·
Date of Change:		Specific Date:				ASA		P
	_							
Sessions Available	Before School Session*	Session For full day please tick of		Short Lunch	Afternoon Session	Early After School Session*		Late After School Session*
Available					3 sessions			
Times	7.45am – School Start		n until noon	12 noon until 12.30pm	12.30pm until 3.30pm	School End – 4.30pm		School End – 5.45pm
Fees	£5.00	£1	5.00	£2.50	£15.00	£5.00		£10.00
Monday								
Wollady								
Tuesday								
Tuesday								

Signed (Parent/Carer):

Date:



Office Use Only

Application Received on:		Application Received By:	
Application reviewed	by:		
Does the setting have learner in the reques	e capacity to admit the ted hours?		
Has the child been pla all/part of this chang	aced on the waiting list for e?		
Confirmation of chan	ge in hours letter sent on:		
Change requested eff	fective from:		
Change Reference			

