



SALISBURY PRIMARY SCHOOL

NURSERY PLACE

TO BE RETURNED BY **FRIDAY 1st MAY 2020**

NAME OF CHILD.....

- I would like to accept the place offered to my child.

Please tick or highlight one of the following:

- I have fulfilled the criteria for a fully funded full time Nursery place and wish my child to attend full time from September 2020.
- I have NOT fulfilled the criteria for a fully funded full time Nursery place and wish my child to attend full time from September 2020. I will fund the additional hours.
- I wish to apply for a part-time place using the 15 hours core entitlement. I would prefer: AM / PM (please circle or highlight)

- I no longer require the place offered to my child.

Signed.....Parent/Guardian