

Principal – Mr Ed Finch

EYFS Lead – Miss Jasmine Pollard

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**Chagford Church of England Primary School**

***Session Change Request Form***

Term:

Child’s name:

Please indicate below the hours you would like your child to attend our Preschool. You will be contacted as soon as possible to confirm your sessions or be added to the waiting list.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| **MORNING**  08:50am – 11.50pm |  |  |  |  |  |
| **LUNCH**  11.50pm-12.50pm |  |  |  |  |  |
| **AFTERNOON**  12.50pm-3.20pm |  |  |  |  |  |

|  |  |
| --- | --- |
| Is your child in receipt of funding? (Golden Ticket/ 30 Hours) |  |
| **Code:** |  |
| Are you sharing funding with another childcare setting and if so, where? |  |
| How many hours of funding do you wish to claim at Chagford Primary? |  |
| **Signed** |  |
| **Date** |  |

We look forward to seeing you soon!

Signature: Miss Jasmine Pollard

*EYFS Lead*

Date:

