

THE GILES NURSERY & INFANTS' SCHOOL

Durham Road, Stevenage, SG1 4JQ www.gilesnurseryandinfants.co.uk

01438 359747

NURSERY APPLICATION FORM 2024-25

SEPTEMBER 2024 INTAKE

PLEASE USE BLOCK CAPITALS

Child Details:					
First Name:		Preferred Name:			
Surname:		Date of Birth:			
NHS Number:	Gender: M / F		1 / F		
Your relationship to the child mother/father/carer/stepmoth					
Your child's permanent address (at time of application)					
Address					
	Postcode:				
<u>Special Educational Needs:</u> Does your child have an EHC Plan or Statement of Educational Needs?			YES / NO		
<u>At risk:</u> Is your child, or a sibling of your child, subject of an inter-agency child protection plan and been placed on the Child Protection Register? (Please provide evidence).			YES / NO		
Children in Public Care (Children Looked After): Is your child in Public Care?			YES / NO		
<u>Social or medical reasons:</u> Can your child/family demonstrate they have a particular medical or social need to go this school. Please provide supporting evidence with this form.			YES / NO		
If your child has a sibling at this please provide their name and a	s school or at The Giles Junior School late of birth.				
Please provide information on the Early years setting your child currently attends (if any):					

TICK THE HOURS YOU WOULD PREFER TO ATTEND					
AM Session (15 Hours Mon-Fri)	PM Session (15 Hours Mon-Fri)	30 Hours (HMRC Code required)			
8.30am – 11.30am	12.30рт – 3.30рт	Please see further notes below			
If applying for a 30 hours placement	t, please provide your HMRC				
code if available.					

To see if you are elegible for a 30 hour placement, please visit <u>www.childcarechoices.gov.uk</u> to make an application with HMRC. We recognise that dependant on your childs DOB, you may not yet be able to make an application with HMRC. If this is the case, then please let us know as we may be able to hold a 30 hour placement for you until you are able to confirm your code.

The Giles Nursery and Infants' School offers 30 hours as the following: Monday – Thursday 8.30am-3.30pm, and Friday 8.30am-10.30am (additional hours may be purchased).

 \Box Tick here to confirm that you have read and accept the conditions of the Nursery Admissions Policy – this may be found on the school website, or upon request to the school office.

Please complete the details for both parents/carers:				
	Parent/Carer Details 1	Parent/Carer Details 2		
Title:				
Forename:				
Surname:				
Relationship to child:				
Address:				
Email address:				
Telephone numbers:				
I confirm that the details above are correct to the best of my knowledge and that I have read and understood the terms of the Nursery Admissions Policy:				
Signatures of Parent/Carer:				

OFFICE USE ONLY Unique Reference Number:

OFFICE USE ONLY	Unique Reference Number:	
	Date received:	
	Distance:	

PLEASE RETURN THE COMPLETED APPLICATION FORM TO:

By Hand or post: The Giles Nursery and Infants' School, Durham Road, Stevenage, Herts. SG1 4JQ

Email: Signed, scanned copy to: <u>nurseryadmissions@gilesinfants.herts.sch.uk</u>