



THE GILES NURSERY & INFANTS' SCHOOL

Durham Road, Stevenage, SG1 4JQ

www.gilesnurseryandinfants.co.uk

01438 359747

NURSERY APPLICATION FORM 2026-2027

SEPTEMBER 2026 INTAKE

PLEASE USE BLOCK CAPITALS

Child Details:

| First Name: | | Preferred Name: | |
|--|-----------|-----------------|----------|
| Surname: | | Date of Birth: | |
| Child's NHS Number: (essential) | | Gender: | M / F |
| Your relationship to the child (e.g. mother / father / carer / stepmother / stepfather): | | | |
| 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, the subject of an inter-agency child protection plan and been placed on the Child Protection Register? (please provide evidence). | | | YES / NO |
| <u>Children in Public Care (Children Looked After):</u> Is your child in Public Care? | | | YES / NO |
| <u>Social or medical reasons:</u> Can your child/family demonstrate they have a particular social or medical need to go to this school? Please provide supporting evidence with this form. | | | YES / NO |
| If your child has a sibling at this school or at the Giles Junior School, please provide their name and date 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) 8.30am – 11.30am | PM Session (15 Hours Mon-Fri) 12.30pm – 3.30pm | 30 Hours (HMRC Code required) Please see further notes below |
|--|---|---|
| | | |
| If applying for a 30 hours placement, please provide your HMRC code, if available. | | |

To see if you are eligible for a 30 hour placement, please visit www.childcarechoices.gov.uk to make an application with HMRC. We recognise that dependant on your child's date of birth, 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).

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.

| | |
|--|--|
| <i>If you have any other requirements, please enter them here.</i> | |
|--|--|

Please complete the details for both parents/carers:

| | <i>Parent/Carer Details 1</i> | <i>Parent/Carer Details 2</i> |
|-------------------------------|--------------------------------------|--------------------------------------|
| <i>Title:</i> | | |
| <i>Forename:</i> | | |
| <i>Surname:</i> | | |
| <i>Relationship to child:</i> | | |
| <i>Address:</i> | | |
| <i>Email address:</i> | | |
| <i>Telephone number:</i> | | |

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:

| | | |
|--|--|--|
| <i>Signatures of Parent(s)/Carer(s):</i> | | |
|--|--|--|

| | | |
|-------------------------------|---------------------------------|--|
| <i>OFFICE USE ONLY</i> | <i>Unique Reference Number:</i> | |
| | <i>Date received:</i> | |
| | <i>Distance:</i> | |

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: nurseryadmissions@gilesinfants.herts.sch.uk*