



St John's Church of England Primary School

Finding the light in ourselves and each other
Inspired by the Gospel according to John (chapter 8, verse 12)

Application Form for a Nursery Place in September 2026

Once completed, please send via email to admin@digswell.herts.sch.uk or by post to the following address: Nursery Admissions, St John's CofE Primary School, Digswell, Welwyn, AL6 0BX

PLEASE USE BLOCK CAPITALS (if handwritten)				
Child Details				
First Name:				
Middle Name:				
Family Name:				
Date of Birth:	/	/	Gender:	M/F
NHS number:				
Please Circle Your <u>Potential</u> Preferences Below				
15 Hours		30 Hours + Lunchtime	Wrapround	
8:40 to 11:40 With/Without Lunch	12:25 to 15:25 With/Without Lunch	8:40 to 11:40 – AM 11:40 to 12:25 – Lunchtime 12:25 to 15:25 - PM	7:40 to 8:40 Breakfast Club	15:25 to 18:00 After School Club
Current Early Years / Childcare Setting				
Name and Address			Dates at setting (from/to)	

*Please note that by circling your potential preferences you are not committing yourself to these set hours. Information regarding prices will be shared in the offer letter if your application is successful.

Your child's permanent address (at time of application) and Additional Information	
Address:	
Special Educational Needs <i>Does your child have an Educational Health and Care Plan (EHCP)?</i>	Yes/No
Children Looked After <i>Is your child looked after, or was previously looked after and is now adopted, or with a child arrangements or special guardianship order?</i>	Yes/No
Social or Medical reasons <i>Does your child have a particular medical or social need to go to this school? (Please provide supporting evidence with this form)</i>	Yes/No
If you have a sibling at this school, enter their name and date of birth:	
Do you take an active part in the life and worship at any of the following churches?	1. St John the Evangelist, Monks Rise ☐ 2. Christ the King, Haldens ☐ 3. Digswell Village Church, Digswell ☐

A truly inclusive school that is built upon the values of

Hope – Joy – Love – Forgiveness – Faith - Goodness

Please complete the details for both parents if living at the same address:		
	Parent/carer 1 details	Parent/carer 2 details
Title:		
Forename:		
Surname:		
DOB:		
National Insurance Number:		
National Asylum Support Service (NASS) Number (if applicable):		
Address:		
Email address:		
Telephone numbers		
I confirm that the details above are correct to the best of my knowledge.		
Signature of parent/carer:		
OFFICE USE ONLY:	Date Received:	
	Distance:	

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