# 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 2027/28

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 Potential Preferences Below** | | | | |
| **15 Hours** | | **30 Hours + Lunchtime** | **Wraparound** | |
| **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***<br>*Does your child have an Educational Health and Care Plan (EHCP)?* | ***Yes/No*** |
| ***Children Looked After***<br>*Is your child looked after, or was previously looked after and is now adopted, or with a child arrangements or special guardianship order?* | ***Yes/No*** |
| ***Social or Medical reasons***<br>*Does your child have a particular medical or social need to go to this school? (Please provide supporting evidence with this form**)*** | ***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** ☐<br>**2. Christ the King, Haldens** ☐<br>**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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