



TROTTS HILL

Primary School and Nursery

EARLY YEARS APPLICATION 2019/2020

PLEASE USE BLOCK CAPITALS		
Child's details:		
First Name		
Middle Name		
Family Name		
Date of Birth		Male/Female
Child's permanent address (at time of application)		
Address		
Special Educational Needs? (EHCP plan of Statement of Educational Needs)		YES / NO
Children in Public Care		YES / NO
Social/Medical Needs		YES / NO
Name of sibling, if any, at Trotts Hill School		
Early years setting your child currently attends (if any)		
PLEASE COMPLETE EITHER BOX A (15 HOURS APPLICATION) OR B (30 HOURS APPLICATION)		
BOX A		
Children allocated 15 hours will be expected to attend 5 mornings per week (term time) from 9am to 12pm		
Yes I only require morning sessions (15 hours per week) <input type="checkbox"/> (tick if applicable)		

BOX B:

Children allocated 30 hours will attend 9am – 3pm term time only.

The school only offers 21 places with 30 hour provision. Admissions criteria will apply if oversubscribed.

IF ELIGIBLE, HMRC CODE MUST BE PROVIDED ASAP BEFORE ADMISSION DATE

(pupils cannot be admitted for 30 hours childcare without this code as proof of eligibility and until the code has been verified by the school)

Yes I am eligible and will submit my childcare code before admission (tick if applicable)

IF ENTITLED TO 30 HOURS, BUT WISH TO SPLIT THE PROVISION WITH ANOTHER SETTING OR CHILDMINDER

Yes, I am eligible and wish to split the provision (tick if applicable)

Providers Name _____ Contact number _____

IF NOT ELIGIBLE BUT WISH CHILD TO ATTEND 30 HOURS

Do you wish your child to attend a 30 hour setting and pay the additional cost at £5.05 per hour (equates to £75.75 per week)

Yes I wish to pay for the additional 15 hours setting each week (tick if applicable)

PLEASE COMPLETE THE DETAILS FOR BOTH PARENTS IF LIVING AT THE SAME ADDRESS

	Parent/Carer details 1	Parent/Carer details 2
Title		
Forename		
Surname		
DOB		
NI Number		
Address		
Email address		
Contact numbers	Home: Mobile: Work:	Home: Mobile: Work:

I confirm the details above are correct to the best of my knowledge

Signature of Parent/Carer _____

**OFFICIAL USE
ONLY**

Date received

Distance

PLEASE RETURN THE COMPLETED APPLICATION AS SOON AS POSSIBLE.

Applications open on 1st October 2019

BY HAND OR POST Trotts Hill Primary & Nursery School, Wisden Road, Stevenage, Herts, SG1 5JD

EMAIL signed and scanned copy to: admin@trotts Hill.herts.sch.uk

ALLOCATIONS WILL BE ON A FIRST COME FIRST SERVED BASIS