



EARLY YEARS APPLICATION 2027/2028

PLEASE USE BLOCK CAPITALS		
Child's details:		
First Name		
Middle Name		
Family Name		
Date of Birth		Male/Female
Child's NHS Number		
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 BOX B (30 HOUR APPLICATION)		
BOX A Children are allocated 15 hours and will be expected to attend 5 mornings per week (term time) from 9am to 12pm I wish my child to attend 15 hours (mornings only) <input style="width: 30px; height: 20px; border: 1px solid #add8e6;" type="checkbox"/>		



BOX B

Please indicate if you require 30 hours.

Yes, I am eligible for 30 hours code and wish to take this option if Trotts Hill are able to offer (tick if applicable) ☐

I am not eligible but wish to pay for the additional hours if Trotts Hill are able to offer at £6 per hour (equates to £17.25 per afternoon) ☐

PLEASE NOTE THE OFFER OF 30 HOURS IS SUBJECT TO DEMAND.

Please contact the school office should you require further information.

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.

BY HAND OR POST to Trotts Hill Primary & Nursery School, Wisden Road, Stevenage, Herts, SG1 5JD
or via EMAIL signed and scanned copy to: admin@trottshill.herts.sch.uk

Information about our Nursery

setting is published on our school website : www.trottshill.herts.sch.uk