



**7EARLY YEARS APPLICATION FORM (NURSERY) 2026/2027  
KINGSHILL INFANT SCHOOL**

PLEASE USE BLOCK CAPITALS

**CHILD'S DETAILS:**

First name:		
Middle name:		
Family name:		
Date of Birth:		
NHS number:	___ ___ / ___ ___ / ___ ___	Gender: M/F
Your child's permanent address (at time of application)		

Please complete the details for both Parents/Carers

PLEASE USE BLOCK CAPITALS

	Parent/Carer 1 details	Parent/Carer 2 details
Name:		
Your relationship to the child: (e.g. mother/father/carer/stepmother/father/social worker)		
Do you have parental responsibility?	Yes / No	Yes / No
Address:		
Telephone – Mobile:		
Telephone – Daytime:		
Email address:		
DOB:		
National Insurance No:		
National Asylum Support Service (NASS) No. (if applicable):		

**More information about your child**

<b>Sibling/s:</b> Does your child have a sibling at Kingshill or St Mary's? (names / year group)	
<b>Previous experience:</b> Early years setting child attends or has attended (if applicable)	
<b>Special Educational Needs</b> Does your child have a Statement of Special Educational Needs or Educational Health and Care Plan (EHCP)	



<p><b>At risk</b> Is your child, or a sibling of your child, subject of an inter-agency child protection plan and has been placed on the Child Protection Register? (Please provide evidence with this form)</p>	
<p><b>Children in Public Care</b> Is your child looked after, or was previously looked after and is now adopted, or with a child arrangements or special guardianship order?</p>	

**PLEASE COMPLETE EITHER BOX A (15 HOURS APPLICATION) OR BOX B (30 HOURS APPLICATION)**

**BOX A – 15 HOURS APPLICATION:**

Children allocated a 15 hours' place will be expected to attend **either 5 mornings (8.30 -11.30am) or 5 afternoons (12.30 – 3.30)**

**Preference:** Morning / afternoon (*please delete one*).

**Admissions criteria will apply if oversubscribed as listed in our Nursery Admissions Policy.**

Please give reason for choice:

**BOX B – 30 HOURS APPLICATION:**

Children allocated 30 hours' place will attend **8.30 – 2.30 Monday – Friday, term time only. However, if you wish your child to stay in Nursery until 3.30pm there will be an option to pay for an additional hour per day at £6.25 per hour – please indicate if this is of interest: YES/NO (*please delete one*)**

**IF ELIGIBLE, HMRC CODE MUST BE PROVIDED AS SOON AS POSSIBLE BEFORE ADMISSION DATE** (pupils cannot be admitted for 30 hours childcare without this code as proof of eligibility unless you are paying for the additional hours – payment will be required half termly in advance)

**If not allocated a 30 hour place will you accept a 15 hours place?** YES/NO (please circle)  
**Session preference:** Morning / Afternoon

If entitled to 30 hours but wish to split the provision with another setting or childminder, please add details of the other provider below:

Provider:

Contact number:

**If you are not in receipt of a 30hr code but wish to pay for the additional 15 hours, please indicate below.** If this changes please let us know and provide your code a.s.a.p.

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

Signature		
Date		



For office use only		
Date Received		Distance:

PLEASE RETURN THE COMPLETED APPLICATION FORM BY 6<sup>th</sup> March 2026

BY POST OR BY HAND TO: Admissions Officer, Kingshill Infant School, Heath Drive, Ware SG12 0RL

EMAIL: signed, scanned copy to: [nurseryadmissions@kingshill.herts.sch.uk](mailto:nurseryadmissions@kingshill.herts.sch.uk)

## DECLARATION

The information I have given on this form is complete and accurate. I understand that my personal information will be held securely and will be used only for local authority purposes.

I agree to Kingshill Infant School using this information to consider my application for a nursery place. I understand that if any part of this completed application form is found false the offer of a place will be withdrawn.

I understand that the completion of an application form does not guarantee a place in the nursery class.

I understand that, if offered a place in the nursery class, I will have to apply separately for a place in reception.

Signature of parent/guardian: ..... Date: .....

..... Date: .....

## Note for parents/carers:

### How the information on this form will be used:

By completing this form and signing the declaration you are agreeing for Kingshill Infant School, if they are oversubscribed, to check whether your child's details meet the school's published admission rules and if he/she can be offered a nursery place.

Any personal data collected will be treated as confidential under the principles of the Data Protection Act 1998. We will not use the data for any other purpose, nor will we share your data with any third parties other than the Department for Education (for statutory reporting), Hertfordshire County Council departments who may from time to time send you advice, guidance and information relating to changes to early years provision, and educational services that are relevant and/or of benefit to your child, and your local children's centre who support the local authority by assisting families to access the services that children are entitled to.

### Children who have been adopted from care or are subject to a special guardianship order or a child arrangements order.

Eligibility will be based on your declaration that your child was formally a looked after child and on the evidence of their status e.g. a copy of the relevant Order. This form and a copy of the relevant order should be seen by the school and they will confirm with Hertfordshire County Council that they have seen confirmation and enable a place to be offered under this criteria.