

ROMAN WAY ACADEMY- NURSERY APPLICATION FORM 2025-2026



CHILD'S DETAILS (please ensure ALL sections are completed)

First name:			
Middle name(s):			
Surname:			
Date of birth:		Gender:	Male / Female
NHS number:			
Address:			
Special Educational Needs Does your child have a Statement of Special Educational Needs or an Educational Health and Care Plan (EHCP)?		Yes / No	
At risk Is your child, or a sibling of your child, subject of an inter-agency child protection plan and been placed on the Child Protection Register?		Yes / No	
Children in Public Care Is your child looked after, was previously looked after and is now adopted, or with a child arrangements or special guardianship order?		Yes / No	
Social or medical reasons Do you have a particular medical or social need to go to this school? (please provide supporting evidence with this form that names our school).		Yes / No	
Siblings Does your child currently have a sibling at this school? If yes, please provide their name(s):			
Pre-school and childcare Please provide the name of the playgroup of childcare facility if your child has or does attend one:			

Please complete the table with your requirements:

	Morning 8.45am- 11.45am	Lunch 11.45am- 12.15pm	Afternoon 12.15pm- 3.15pm	All Day 8.45am- 2.45pm	All Day 8.45am- 3.15pm	Extra hours are charged at £5.50 per hour. Please contact Mrs Jaques in the school office to discuss any hours required over your 15 or 30 funded hours. Telephone: 01763 241535 Email: admin@romanway.herts.sch.uk
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Shared childcare providers

Will you be splitting childcare funding with our Nursery and a childminder or other child care provider?	Yes / No
If yes, please show the split in hours between us and the other childcare provider:	Roman Way Nursery Hours: Other Provider Hours:
Name of other childcare provider?	

ROMAN WAY ACADEMY- NURSERY APPLICATION FORM 2025-2026



PARENT/CARER DETAILS

Please complete details for both parents/carers if living at the same address:

	Parent/Carer 1	Parent/Carer 2	
First name:			
Middle name:			
Surname:			
Date of birth:			
National Insurance Number:			
Do you have legal guardianship:	Yes / No	Yes / No	
Address:			
Email address: (please print clearly)			
Home telephone:			
Mobile telephone:			
Are you entitled to 30 hours free childcare?		Yes / No	
If yes, please provide HMRC code: (If you already have it)			
Are you applying to any other nurseries?		Yes / No	
Please name and rank your nursery preferences:	1st choice	2nd choice	3rd choice
I CONFIRM THAT THE DETAILS PROVIDED ARE CORRECT TO THE BEST OF MY KNOWLEDGE.			
SIGNATURE OF PARENT/CARER:			