

ROMAN WAY ACADEMY- NURSERY APPLICATION FORM 2020-21



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 Education Needs Does your child have a Statement of Special Educational Needs or 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 has been placed on the Child Protection Register?		Yes / No	
Children in Public Care 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 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 below to indicate the days you would like your child to attend nursery and if they require Lunch Club. Children attending all day are automatically included in our Lunch Club.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					
All day					
Lunch Club					

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?	

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PARENT/CARER DETAILS

Please complete details for both parents 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: (If different to child)			
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:			

