

KILLAMARSH INFANT & NURSERY SCHOOL

WAITING LIST

Date :

CHILD'S NAME :

**Address :**

**Post Code :**

**Date of Birth :**



Mobile :

Parent Contact Name :

**For School Office Only :**

**Letters sent :**

Date details taken :

Interested in : Nursery  School

Year Group Entry : NUR REC Y1 Y2

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