



**NERROLS**  
PRIMARY SCHOOL  
AND NURSERY

## NERROLS NURSERY EXPRESSION OF INTEREST

PLEASE COMPLETE THE FORM BELOW AND RETURN TO OFFICE@NR.HUISH.EDUCATION  
YOU WILL BE CONTACTED SHORTLY REGARDING YOUR EXPRESSION.

PERSONAL DETAILS	CHILD A	CHILD B			
First Name of Child	<input type="text"/>	<input type="text"/>			
Last Name of Child	<input type="text"/>	<input type="text"/>			
Age of Child	<input type="text"/>				
Date of Birth	<input type="text"/>				
Name(s) of Parent/Carer	<input type="text"/>				
Home Address	<input type="text"/>				
		Postcode			
Telephone Numbers:	Home <input type="text"/>	Mobile <input type="text"/>			
Email Address:	<input type="text"/>				
Preferred start date:	<input type="text"/>				
SESSIONS (Please indicate your preferred sessions)					
	MON	TUES	WEDS	THURS	FRI
Full Day (08.00 - 18.00)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning only (08.00 - 13.00)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon only (13.00 - 18.00)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE NOTE: THE COMPLETION OF THIS FORM WILL NOT GUARANTEE A PLACE NOR WILL THE SESSIONS YOU INDICATED.

