



Ghost Hill Infant and Nursery School

Application Form for Nursery Placement

Please complete the form below in full and return to the school office.

Child's Name	
Child's DOB	
Male/Female	
Home Address of child	
Parent Name	
Parents Contact telephone number and email address	
Current Nursery Provider (where applicable)	
Date you wish your child to start attending	
Days you wish your child to attend (Monday to Friday 8:45.am- 3.15pm) *	

*(Minimum of 2 full days)

Headteacher: Mrs Rebecca Westall (BA QTS HON NPQH)

Ghost Hill Infant and Nursery School
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