



Waiting List Form

I would like my son/daughter to be put on the waiting list for the:

Spring Term (starting January)

Summer Term (April)

Winter Term (September)

(Tick as applicable)

Year 20

Surname:

Forename:

Gender: M F (Tick as applicable)

Date of birth: (dd/mm/yy) / /

School due to attend at 4+ years:

Name and address of parent:

Daytime Telephone number:

Mobile telephone number:

Email:

Signed: _____ Date: _____

We make no charge for a waiting list place. Once we are able to offer a firm place, we will ask you to complete a registration form.

Please return this form to:
The Acorn Nursery School

Rue du Tas de Geon,
Trinity, Jersey C.I. JE3 5AN

Tel: 01534 864125
enquiries@acornnurseryschool.com