

MINISTRY OF EDUCATION
DEPARTMENT OF EDUCATION – GEORGETOWN
APPLICATION FOR APPEAL - ADMISSION TO NURSERY
SCHOOL 20...

TO BE COMPLETED BY PARENT OR GUARDIAN

1. Full Name of Pupil:.....
 2. Home Address:.....
 3. Name of Parent/Guardian:.....
 4. Place of Work:.....
 5. Work Address:.....
 6. Home Telephone:..... Work:..... Cell:.....
 7. Playgroup Attended:.....
 8. School Allocated:
 9. School Requested:.....
 10. Reason(s) for Appeal:.....
.....
- Signature of Parent/Guardian:.....Date:.....
- Information Verified By..... Date:.....
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FOR OFFICIAL USE

Approved:.....School Awarded:.....

Not Approved:.....

.....
A.C.E.O. (NURSERY)

.....
Date