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| Open Morning Application Form |  |

## Contact Information

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| --- | --- |
| Name of Attendee |  |
| Role Within School |  |
| School Name |  |
| School Address |  |
| Contact Number |  |
| Contact E-mail |  |

## Open Morning Preference

### Which of the following Open Days Would you like to attend?

###  **Early Years (Reception) £30**

### Wednesday 5th October 2016 (9.30-12.00) Thursday 2nd March 2017 (9.30-12.00)

### Tuesday 8th November 2016 (9.30-12.00) Wednesday 10th May 2017 (9.30-12.00)

### Wednesday 11th January 2017 (9.30-12.00) Thursday 6th July 2017 (9.30-12.00)

## Reason and expectations of Visit

### Please tell us a little bit about why you want to visit West Earlham Infant and Nursery School and what you hope to get from the visit. This will enable us to tailor the visit as necessary.

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## Interests

### How did you hear about our Open Mornings?

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| From a Colleague at School |
| From your Head TeacherOther (please state)……………………………………………………………………………………………………………………………………… |

## What happens next?

### Upon receipt of this booking form we will send an invoice through to you, please arrange payment prior to the visit. If you have any other questions please do not hesitate to get in touch and we look forward to welcoming you to West Earlham Infant and Nursery School. Binks Neate-Evans (Head Teacher)

West Earlham Infant and Nursery School

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