



CROSSHALL NURSERY SCHOOL

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446 Great North Road
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Chair Person: Mrs. D.L. James, M.A. B.Ed (Hons), DPSE

Change in Medical / Personal circumstances

I wish to advise of the following change in Medical / Personal circumstances for my child:

Child's Name: _____

Morning / Afternoon Session: _____

Change in circumstances:

Date effective from: _____

Signed: _____

Date: _____



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