

# ENROLMENT APPLICATION

I/we wish to enrol my/our son/daughter in Sessional Kindergarten / Kindergarten / Class.....

in year 20.....

Childs name.....

Date of birth:.....

Is the student Aboriginal or Torres Strait Islander ? Yes / No

Mother's Name.....Date of birth.....

Address.....

Occupation.....Place of Work.....

Phone Number: Home.....Work.....

Mobile.....Email.....

Father's name.....Date of Birth.....

Address.....

Occupation.....Place of Work.....

Phone number: Home.....Work.....

Mobile.....Email.....

Access details of non-residential parent \*.....

\*Please attach a copy of your parenting plan / arrangements.

Please post a Hazelnut (weekly school newsletter) to the non-residential parent Yes / No

Are there any special needs your child may have?.....

Is there anything specific about your child that you would like us to know?.....

PLEASE TURN OVER

