

2024 Enrolment Form

Preschool commencement date

Ch	il	d's	Deta	ils
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Name _		Surname						
Other Know				Child's Sex	Male / Female			
D.O.B		Please su	upply a copy	of your child's Bi	rth Certificate			
Address: _								
Suburb: _				Postcode				
Primary Sc	chool your ch	ild will attend:						
Email:								
I consent for information, newsletters etc. to be emailed to the above address and I will respond and/or print information as required. Yes / No (please circle)								
Parent /	Carer D	<u>etails</u>						
Parent / 0	Carer (plea	se circle)						
Name _			Surname _					
Other Know								
Address								
Suburb				Postcode				
Home Pho	ne		Mobile					
Occupatio <u>r</u>	1		Phone					
Parent / (Carer (plea	se circle)						
Name		-	Surname _					
Other Know	wn Names _							
Address								
				Postcode				
Home Pho								
Occupatio <u>r</u>	1		Phone					