



Application for Enrolment

This information is required to determine when your child will commence kindergarten and to contact you about your child's enrolment.

Office Use Only
K T1.....
T3 / T4 / No
EE.....
BC / AC / OC

Child's Name:..... Male/Female

Child's Date of Birth:..... Today's Date:.....

Is your child Indigenous? No/Yes, Identifying with

Does your child have any additional needs? No/ Yes (Circle if applicable) medical conditions, developmental delay, disabilities, English as a second language) Please provide a brief summary.....

Is your child under the Guardianship of the Minister? Yes / No

Are there any court orders affecting the child? No/Yes

Which school do you intend to send your child to:.....

Interested in Transition: (Circle chosen option) Extended Transition Term 3 & 4/ Transition Term 4 only / No Transition

Please tick your preferred Kindy sessions:

.....One full day 9am - 3pm & 3 half days please circle your preference for full day :

Monday / Tuesday / Wednesday / Thursdays

.....Two full days 9am - 3pm & 1 half day please circle your preference for full days :

Mondays and Wednesdays **or** Tuesdays and Thursdays

.....Five full days per fortnight 9am - 3pm

Mondays and Wednesdays & extra day per fortnight **or** Tuesdays and Thursdays & extra day per fortnight

Circle interest : Before Care 7:45– 9am / Before Care 8-9am / After Care 3-4pm / After Care 3-5pm / After care 3-5:15pm
We are currently open 8-5pm Mon– Thurs. We may offer extra care if there is enough interest to pay for this service.

Parent / Guardian 1:..... Phone number:.....

Postal Address:.....

Email address..... Signature:.....

Parent / Guardian 2:..... Phone number:.....

Postal Address:.....

Email address..... Signature:.....

Entered: / / Email Receipt sent: / / Enrol Meeting: