

## **ENROLMENT APPLICATION**

## Kindergarten, Prep & Classes 1-6

This <b>Enrolment Application</b> forms the first guarantee a place for your child. Please se				form doe	es not
I/We wish to enrol in: $\ \square$ Kinder only	☐ Kinder &/or Prep only	☐ Kinder &	or Prep &/or	School	
Child's Surname	Given Na	ames			
Date of birth	Gender				
Mother/Guardian Surname		Given Name			
Address			Pcode		
Phone Home	Mob				
Email					
Father/Guardian Surname		Given Name			
Address			P/code		
Mob	Email				
Where/How did you hear about us?					
Which School, Kinder or other program and	d level (if any) is your child current	ly attending?			
Has your child attended a funded kindergar	ten program in Victoria before? (I	Kinder applicants onl	ly)	YES c	or <b>NO</b>
Where do you intend to send your child to s	school? (Kinder applicants only)				
Does your child have any special needs? Does your child have any learning difficultie Does your child have any disabilities? YES	es? YES				or <b>NO</b>
Families have an obligation to disclose a time of application as outlined in the Ad			ing or behav	vioural ne	eeds at the
I/We apply for the enrolment of my/our child	d commencing Term	Year			
You are required to provide a copy of yo	our child's Birth Certificate				
I/We have provided a copy of my/our child's			YES (	or <b>NO</b>	
Non-Australian citizens are required to pulliwe have provided a copy of my/our child's		assport	YES (	or <b>NO</b> o	or <b>N/A</b>
A non-refundable \$50 <b>Application Fee</b> mu by direct deposit, either at a bank or by electory and the control of	ctronic transfer: <b>BSB</b> 063503;	<b>Account Number</b>	1019 7443;		•
I/We have read and accept the contents of completion of this form does not guarantee In a two-parent family both parents are requ	enrolment for my/our child, but wi				stand that the
Signature		Dat	e		
Signature			e		
For office use only  □ Enrol All □ MYOB □ Project					
□ Gmail □ Project	□ Lottor	□ School Pro		le de c	2019