



BURWOOD HEIGHTS PRIMARY SCHOOL KINDERGARTEN

Expression of Interest Form

CHILD'S DETAILS

Child's Surname: _____ Date of Birth: _____

Child's Given Names: _____ Gender: Male Female

Address Details

Street: _____

City/Town: _____ State: _____ Postcode: _____

Sibling Details

	Age	Gender
Sibling 1		
Sibling 2		
Sibling 3		
My child is an only child		

Do you have a Health Care Card? Yes No
(if yes) Card Number: _____

PARENT'S DETAILS

Parent's Name

Title: _____

Surname: _____ Given Names: _____

Parent's Contact Details

Street _____ Home Phone: _____

Address: _____ Work Phone: _____

City/Town: _____ Mobile: _____

State: _____ Postcode: _____ Email: _____

YEAR OF ENTRY

Three-year Old Group: _____ Four-year Old Group: _____

ADDITIONAL DETAILS

Does your child have additional needs? Yes No Is an aide required? Yes No

Are there any additional details you wish to add to this application? (family needs, work commitments, transport)

Date of Submission: _____