



# 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 Centrelink Health Care Card? Yes No  
 (if yes) Card Number: \_\_\_\_\_

### PARENT A DETAILS

Title: \_\_\_\_\_  
 Given Names: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_  
 State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_

### PARENT B DETAILS

Title: \_\_\_\_\_  
 Given Names: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_  
 State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Mobile: \_\_\_\_\_  
 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: \_\_\_\_\_