



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: _____