

SHOAL BAY PUBLIC SCHOOL

61 Rigney St
Shoal Bay 2315
Email: shoalbay-p.school@det.nsw.edu.au

Ph: 4981 1007
Fax: 49841637

NOTIFICATION OF INTENDED ENROLMENT
KINDERGARTEN - Year

If you have a child eligible to enrol in Kindergarten, could you please complete the following and return to school as soon as possible. This will assist us in planning.

CHILD'S NAME: DOB:.....M / F

CHILD'S NAME: DOB:.....M / F

OTHER CHILDREN CURRENTLY ATTENDING NSW GOVT.SCHOOL OR TAFE:

NAME: DOB:.....M / F

NAME: DOB:.....M / F

PARENT CONTACT: Mrs/Mr/Ms/Miss

SURNAME:..... FIRST NAME:.....

ADDRESS:
.....PHONE NO.

OTHER PARENT NOT RESIDING WITH CHILD:.....

PRESCHOOL:

MEDICAL CONDITIONS THE SCHOOL SHOULD BE AWARE OF:

.....

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS?

.....
**WILL YOUR CHILD REQUIRE REGULAR PRESCRIBED MEDICATION
WHILST AT SCHOOL?**

YES

NO

DETAILS: