

Wanguri Preschool Expression of Interest



Today's Date _____

Expected commencement date _____

STUDENT DETAILS

First name _____ Surname _____ DOB _____ Male Female

Does your child suffer from any of the following?

Allergies <input type="checkbox"/>	Asthma <input type="checkbox"/>	Speech impairment <input type="checkbox"/>
Diabetes <input type="checkbox"/>	Mental Health problem <input type="checkbox"/>	Learning disability <input type="checkbox"/>
Seizure disorder <input type="checkbox"/>	Hearing impairment <input type="checkbox"/>	Intellectual disability <input type="checkbox"/>
Physical disability <input type="checkbox"/>	Visual impairment <input type="checkbox"/>	Acquired brain impairment <input type="checkbox"/>

If you have ticked any of the boxes above, please provide details

PARENT DETAILS

Defence Force YES / NO Please circle ARMY AIRFORCE NAVY

Mother First name _____ Surname _____
Mobile Ph _____ Work Ph _____
Email _____

Father First name _____ Surname _____
Mobile Ph _____ Work Ph _____
Email _____

HOME ADDRESS

POSTAL ADDRESS

PREFERRED ATTENDANCE DAYS

Mon, Tues and alternative Wed

OR

Thurs, Fri and alternative Wed

PRIMARY SCHOOL INTENTIONS

Will your child be attending Transition
at Wanguri Primary School?

Yes No

IF YOU HOLD A VISA, PLEASE COMPLETE SECTION BELOW

Visa Sub Class _____

Visa issue date _____ Visa expiry date _____

OFFICE USE ONLY

Date - Enrolment pack handed out _____

Date – Enrolment pack returned _____

