Wanguri Preschool Expression of Interest

Today's Date_____ Expected commencement date_____

STUDENT DETAILS

First name_____ Surname_____ DOB_____ Male ☐ Female ☐

Health and Development – please share information about your child to assist with their transition into preschool. Include diagnosed and suspected conditions, strengths and areas of concern.

Medical including allergies:_____

_____

Language (speaking in sentences/pronunciation): _____

_____

Diet: _____

Toileting: _____

Social/Emotional including self-regulation: _____

_____

Other: _____

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 _____

Record of Contacting

Date_____

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