



Enrolment Enquiry Form

Date of Enquiry: _____ Tour Date: _____ Starting Date: _____

Child's Name: _____ F / M DOB: _____ Yr Level: _____

Child's Name: _____ F / M DOB: _____ Yr Level: _____

Child's Name: _____ F / M DOB: _____ Yr Level: _____

Parent's Name(s): _____

Phone 1 : _____ Phone 2: _____

Email: _____

Address: _____

_____ P/C _____

Kindy/Day Care/Previous School: _____





Health/Medical Condition:

Special Needs/Interests of student(s):

Class placement considerations:

Visa status:

Any other information:

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