



# BURWOOD HEIGHTS PRIMARY KINDERGARTEN

## EXPRESSION OF INTEREST FORM

Corner of Hawthorn and Mahoneys Roads, Burwood East, 3151

Telephone: 9803 8311; Facsimile: 9887 9973;

E-mail: burwood.heights.ps@edumail.vic.gov.au

### CHILD'S DETAILS

CHILD'S NAME; \_\_\_\_\_

(Surname)

(Given Names)

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_(DD/MM/YY)

Male/Female (Please circle)

### PARENT'S DETAILS

Date of Submission: \_\_\_\_\_

MOTHER'S NAME: Mrs/Ms/Miss : \_\_\_\_\_

(Surname)

(Given Names)

POSTAL ADDRESS : \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

FATHER'S NAME: MR. \_\_\_\_\_

POSTAL ADDRESS: : \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

TELEPHONE: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail : \_\_\_\_\_ Date: \_\_\_\_\_

### YEAR OF ENTRY

Three-year Old Group: 20 \_\_\_\_\_

Four-year Old Group: 20 \_\_\_\_\_

### ADDITIONAL DETAILS

1 Does your child have additional needs? Yes/No Is an aide required? Yes/No

2 Are there any additional details you wish to add to this application? (family needs, work commitments, transport)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_