



**VERMONT PRIMARY SCHOOL KINDERGARTEN  
APPLICATION FORM**

10 Nurlendi Road, Vermont 3133

Phone: 9874 4962

Email: [vermont.kin@kindergarten.vic.gov.au](mailto:vermont.kin@kindergarten.vic.gov.au)

**1. CHILD'S SURNAME** .....

Child's Given Names: .....

Address: .....

Date of Birth: ..... Male/Female (please circle)

**2. FAMILY DETAILS**

Mother's Name: Mrs/Ms/Dr .....  
(Surname) (First Name)

Occupation: .....

Telephone: Home: ..... Mobile: .....

Email: .....

Father's Name: Mrs/Ms/Dr .....  
(Surname) (First Name)

Occupation: .....

Telephone: Home: ..... Mobile: .....

Email: .....

**3. YEAR OF ENTRY**

3 Year Old Group: 20..... 4 Year Old Group: 20.....

**4. ADDITIONAL DETAILS**

a. Language spoken at home .....

b. Does your child have additional or special needs? Yes/No

Details: .....

c. Have you had any other children attend Vermont PS Kindergarten? Yes/No

d. Do you have other children currently at Vermont Primary School? Yes/No

e. Which Primary School is your child likely to attend for Prep? .....

**5. DECLARATION**

I declare that the information supplied is correct. I understand that this is an application only and **is not a guarantee of placement.**

Signature: ..... Date: .....

**Please return completed form and \$10 fee to:**

Vermont Primary School  
PO Box 53  
Vermont 3133

**Applications close April 30<sup>th</sup> of year prior to attendance**

**Office Use Only**

Date Received:

Fee Received:

Enrolment No.