



Box Hill North Primary Kindergarten

Elizabeth Street Box Hill North 3129
98971265
kinder@bhnp.vic.edu.au

Application Form

Childs Details:

Surname: _____ Given Name(s) _____

Date of Birth: _____ Male/Female: _____

Address: _____

Family Details

Mother/Guardian

Name: _____

Address: _____

Phone(home): _____

Phone(Work): _____

Mobile: _____

Email: _____

Father/Guardian

Name: _____

Address: _____

Phone(home): _____

Phone(Work): _____

Mobile: _____

Email: _____

Year of Entry:	3 year old Group	20 _____
	4 year old Group	20 _____

Additional Information:

- 1: Languages spoken at home:
- 2: Does your child have any additional needs? If yes please provide details
- 3: Have you had any other children attend BHNP kindergarten?
- 4: Do you have any other children currently attending BHN primary School?
- 5: Which primary school is your child likely to attend for prep?

Declaration

I declare that the information supplied is correct. I understand that this is an application only and is not a guarantee of placement. Enclosed is a \$20(non refundable) administration fee (cheque made payable to Box Hill North Primary School)

Signature: _____ Date: _____

Please return completed form and \$20 non refundable administration fee to:

Danielle Cogley
Box Hill North Primary Kindergarten
PO Box 2030
Box Hill North 3129

Office use only:

Date received:

Fee received:

Enrolment No: