



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)

