



Application Form

Childs Surname: _____

Child's First Name: _____

Date of Birth: _____

Address: _____

Parent/Guardian's Name: _____

Phone: _____

Email: _____

Other Contact: Phone: _____

Name: _____

Year to Attend: Primary School :

Name of Primary School:

Other information: (please circle if applicable)

1. Low Income Have Health Care Card or Pension Card
2. Additional Needs
3. Non English Speaking Background
4. Aboriginal or Torres Strait Islander

Signed: _____ **Date** _____

Office use only