



Expression of Interest for Enrolment at Bullsbrook Community Kindergarten

Child's Information

Surname: _____ Legal Surname: _____
(If different)

Child's Given Names: _____

Date of Birth: _____

Male / Female: _____

Contact Person 1

Surname: _____ Given Names: _____

Relationship to Child: _____

Address: _____

Home Phone: _____ Mobile: _____

Email: _____

Contact Person 2

Surname: _____ Given Names: _____

Relationship to Child: _____

Address: _____

Home Phone: _____ Mobile: _____

Email: _____

This is an Expression of Interest for placement at Bullsbrook Community Kindergarten in the year (_____). I understand this is not an Enrolment form and will be contacted in the year prior to attendance to fill out the official Enrolment Forms.

Signature: _____

Dated: _____