Preliminary Enrolment Form
Settlers Farm Campus Kindergarten

Child’s Name .................................................................

Gender: Male/Female.

Date of Birth ........../........../...........

Address (include Suburb) ...........................................................................

Parent’s Name .................................................................

Phone Number .................................................................

Email address: ........................................................................

Which school will your child be attending?...........................................
Do you live in the Settlers Farm School Zone? YES/NO

Please note our priority of access policy.

Does your child attend a care provider in the area? YES/NO

Language spoken at home ................................................

Aboriginal/Torres Strait Islander? YES/NO

Does your child have any special needs?........................................

Preferred Group for kindergarten sessions: GROUP 1 or GROUP 2

Today’s date.................................................................