

MULWALA PRE-SCHOOL

75-77 MELBOURNE ST MULWALA

P.O BOX 29

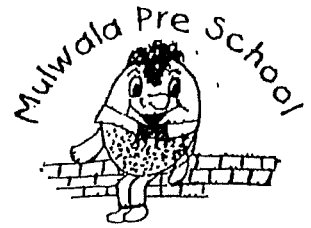
MULWALA NSW 2647

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ABN: 48 013 137 419



Enrolment Application Form - 3 yr. old

Child's Full Name Date of Birth ... / ... /

Proposed Year of Entry: - To Preschool To School

To Which School

Does Your Child have Additional / Special Needs which will require extra assistance? E.g. Speech, Motor Skills, Behavioural Problems etc. Are they seeing any associated professionals? e.g. speech pathologist, paediatrician, occupational therapist etc.

Do you have any concerns about your child?

Parent 1 Name Parent 2 Name.....

Residential Address.....

Postal Address

e-mail

Contact No. Phone/Mobile

Information required For Funding Purposes. Please indicate where applicable.

- [] Does Your Family have a Low Income Health Care Card ?
- [] Is your Child an Aboriginal or Torres Strait Islander ?
- [] Is your family of a Culturally and Linguistically Diverse background ? (CALD)
- [] Is a Language Other than English spoken at home or the First Language of the family? Language spoken: -

**** A 10.00 Enrolment Fee Must be Paid** to be placed on the waiting list.

For Office Use: - Fee received by (staff member)

Date / / Staff Signature