



Expression of Interest for Enrolment

| CHILD'S DETAILS | | |
|--|---|---------|
| Child's Surname: | Given Names: | |
| DOB: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Child's residential address: | | |
| Class of entry (please tick one) Early Childhood: <input type="checkbox"/> Playtime <input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten Primary: <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4 <input type="checkbox"/> Class 5 <input type="checkbox"/> Class 6 <input type="checkbox"/> Class 7 | | |
| PARENT/ GUARDIAN 1 DETAILS | | |
| Surname: | Given Names: | |
| Relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Other | | |
| Residential address: | | |
| Home phone: | Work phone: | Mobile: |
| Email: | | |
| PARENT/ GUARDIAN 2 DETAILS | | |
| Surname: | Given Names: | |
| Relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Other | | |
| Residential address: | | |
| Home phone: | Work phone: | Mobile: |
| Email: | | |
| HOW DID YOU FIND OUT ABOUT OUR SCHOOL? | | |
| | | |

Please return to:

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