



Expression of Interest for Enrolment

CHILD'S DETAILS		
Child's Surname:	Given Names:	
DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Child's residential address:		
Class of entry (please tick one) Year of entry:		
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		
Secondary: <input type="checkbox"/> Class 7 <input type="checkbox"/> Class 8 <input type="checkbox"/> Class 9 <input type="checkbox"/> Class 10		
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:

Front Office: 278 Rockvale Road, Armidale

Email to: office@waldorf.nsw.edu.au