



Expression of Interest for Enrolment

CHILD'S DETAILS						
Child's Surname:			Given Names:			
Preferred Name:		DOB:		Gender and Preferred Pronouns:		
Child's residential address:						
Class of entry (please tick one):				Year of Entry:		
Early Childhood:	Playtime	Preschool	Kindergarten			
Primary:	Class 1	Class 2	Class 3	Class 4	Class 5	Class 6
Secondary:	Class 7	Class 8	Class 9	Class 10	Class 11	Class 12
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?						
Word of Mouth	Social Media	Google	Newspaper	Billboard	Other	
ADDITIONAL NOTES (OPTIONAL) <small>Please include any specific questions, areas of interest, or requirements you may have while on a school tour.</small>						

Please return to:

Front Office: 278 Rockvale Road, Armidale NSW 2350 or;

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

School: 02 6772 8876 | Preschool: 02 6772 0028 |

www.waldorf.nsw.edu.au