



Registration of Interest for Enrolment

Cardinia Primary School

Date: _____

Seeking enrolment in: (fill in what is applicable)

Year/Grade Level:

Year of Enrolment: 20____

| | |
|--|--|
| Student Full Name | |
| Date of Birth | |
| Adult A Full Name | |
| Adult B Full Name | |
| Contact Number/s | |
| Email | |
| Current address | |
| Current Kindergarten OR Current School and Grade Level | |
| Any Access/Custody Conditions? | |
| Any siblings? Name and age | |
| Any additional Needs? Eg: Allergies, Asthma, Disability, Diagnosis of any kind, Autism, Behaviour issues | |
| Is there anything else you would like us to know about your child? | |
| How did you hear about our school? | |
| Do you require a school tour? Please note any preferred days/times | |

Please advise the school as soon as possible if any of this information changes