Rosewood and District Community Kindergarten

WAITING LIST APPLICATION

Please read before completing 1. Lodgement of this form does 2. This form is a wait list applicate enrolment form to formalise the 3. Please submit a separate form 4. Email this form to: director@	this form: not guarantee your ch ation only. If your child e enrolment for your c m for each child.	nild will be offered a pla is offered a place, we v child.		an Est 1963
DATE:	••••••			
FULL NAME OF CHILD:				
DATE OF BIRTH:	••••••			
GENDER:	Male	E Female	Non-	Binary/Unspecified
YEAR OF COMMENCEME	E NT - please tick th	ne relevant year acc	cording to your chil	d's date of birth
2024 (born 1 July 2019	- 30 June 2020)	2025 (born 1 July 2	2020 - 30 June 2021)	2026 (born 1 July 2021 - 30 June 2022)
2027 (born 1 July 2022	- 30 June 2023)	2028 (born 1 July 2	2023 - 30 June 2024)	
NAME OF PARENT/S OR GUARDIAN/S:				
HOME ADDRESS:				
PHONE NUMBER: (mobile preferred)				
EMAIL ADDRESS:				
DO YOU OR YOUR CHILD	DIDENTIFY AS:			
Aboriginal		Torres Strait	Islander	Not Indigenous
Aboriginal and Torre	es Strait Islander	South Sea Isl	lander	Decline to Answer
DOES YOUR CHILD HAVE AN ADDITIONAL NEED OR MEDICAL CONDITION?				
If YES, please provide details below. This information will be used to support your child if an enrolment offer is made.				
PARENT/GUARDIAN SIG	NATURE:			DATE:
DIRECTOR'S SIGNATURE				DATE:
	able, an enrolment off	er will be made and we		ation on the information you have provided. e feel free to contact us at anytime. For further
OFFICE USE ONLY: O	ffer of Position			
Date of offer by phone: .		🗌 Accepted	d 🗌 Declined	Not contacted Left message