



NEWLANDS PRIMARY SCHOOL No. 4646  
**EXPRESSION OF INTEREST TO ENROL**

**Foundation to Year Six**

2-26 Murphy Street, Preston, 3072

Tel: 9354 2928 Fax: 9350 3212

Email: [Newlands.ps@edumail.vic.gov.au](mailto:Newlands.ps@edumail.vic.gov.au)

Website: [newlandsp.vic.edu.au](http://newlandsp.vic.edu.au)

Version: 01/2017

*We ask that you complete this form so that we can enter your details onto our enrolment database. We ask that you sign this form acknowledging that you agree for the school to have these details for the sole purpose of enrolling your child.*

**Child's Details**

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Female  Male  Date of Birth \_\_\_\_\_

Please indicate the intended year level

Foundation  Year 1  Year 2  Year 3  Year 4

Year 5  Year 6

**Family Details**

Parent A Name \_\_\_\_\_

and/or

Parent B Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

**Brief reason outlining the basis of your enrolment request**

**Year of Intended Enrolment**

2019  2020  2021  2022  2023

**Signature**

Parent's Signature: .....

Parent's Name: ..... Date .....

**Office Only**

Date received ...../...../..... Acknowledge by .....

Code   Signature .....

Melways Reference

Notes