

# 2022 Foundation Expression of Interest

Parent Name/s:	
Child's Name:	
Child's Date of Birth:	
Sibling/s currently at Wales Street:	
Home Address:	
Contact Number:	
Kinder:	
Child Care Centre:	
Medical Condition/s If yes please state:	

## OFFICE USE ONLY

Enrolment Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Date received:
WSPS Local School: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Local School:	
Open Day/Foundation Info Night Flyer sent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Enrolment Pack Sent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date sent:
Enrolment Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date confirmed:

**SAVE DOCUMENT**