Notice of Intended Enrolment

DATE:		OUT OF ZONE	
CHILD'S NAME:	D.O.B:	AGE:	YEAR AT SCHOOL:
PARENT/GAURDIAN	N NAME:		
ADDRESS:		DOST C	ODE:
		POST C	ODE:
PRESENT PHONE:	HOME: WORK:		
NEW ADDRESS:		DOGE CO	NDE
		POST CC	DDE:
NEW PHONE:	HOME: WORK:		
DATE TO BE ENROI	LED:		
(OFFICE USE ONLY)			
Enrolment forms sent:		Info Booklet Sei	nt: