

Application for Enrolment

Student

Surname _____ Given Name _____

Date of birth: ___/___/___ Male/Female (please circle) Year of entry:

*Required session (please circle) **Three year old** **Four year old**

*If requiring THREE year old kindergarten, please indicate your preferred group by circling below:

Two HALF days
(Tuesday & Thursday MORNING only)

Two FULL days
(Monday & Wednesday ALL day)

Family

Parent 1

Relationship to child

Name _____

Parent 2
child

Relationship to

Name _____

Address

Telephone (H) _____ (M) _____

Email

Do you consent to Renown contacting you via email with information and updates?
Y / N

Siblings

Have any siblings of your child attended Renown Kindergarten? Please provide details.

* **Note: Enrolment for Ecole Maternelle is separate. Please contact them directly at www.ecolematernelle.com.au.**

Complete and return this page with an administration fee of \$25 to:
Renown Kindergarten 20 Cliff Street, South Yarra 3141

For office use only
type

payment

Form & \$25 rec'd /date:
cash/chq/money order

signed: