

WEST WYALONG PUBLIC SCHOOL

*Providing a quality education for all students, encouraging
a love for learning within a safe, nurturing and positive environment.*



Expression Of Interest Kindergarten 2016 Enrolment

Child's Name:
(First name) (Surname)

Preferred Name:

Date of Birth: ____/____/____

Male ☐ Female ☐

Parents/Caregivers Details

Mother: (Mobile)

Father: (Mobile)

Address:

Phone Numbers: (h) (work)

Email

*We will be holding our Kindergarten Open Day on
Friday 4th September*

We look forward to seeing you!

