

**PRE-ENROLMENT FORM**

**RIWAKA PRIMARY SCHOOL**

Child’s Full Name: ....................................................................................................

D.O.B .........................................................

Name of Parent/Caregiver: ................................................................................................

Contact Phone Number: ...............................................................................................

Email Address: ...............................................................................................

Address: ................................................................................................

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Pre-School Attending ................................................................................................

Intended start date if not on or just after 5th birthday: .........................................................

Signature: ................................................................................................

Date: …………………..