

**PRE-ENROLMENT FORM**

**RIWAKA PRIMARY SCHOOL**

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

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

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

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

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

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

 ................................................................................................

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

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

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

 Date: …………………..