



**Lorne Street Kindergarten at  
Fawkner Primary School  
Lorne Street FAWKNER 3060  
Telephone: 9359 5635**

**2014 FOUR/THREE YEAR OLD  
EXPRESSION OF INTEREST  
KINDERGARTEN ENROLMENT FORM**

**Staff Use Only**

Date Enrolled: \_\_\_\_\_

\$25.00  
Enrolment /Admin Fee  
(Non-refundable)

Health Care Card  
No: \_\_\_\_\_  
Expiry date: \_\_\_\_\_

**Siblings Enrolled at  
Fawkner PS  
Yes / No  
Surname:**

**CHILD'S DETAILS:**

SURNAME: \_\_\_\_\_  
GIVEN NAME: \_\_\_\_\_  
PREFERRED NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_  
DATE ARRIVED IN AUSTRALIA: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ POST CODE \_\_\_\_\_

**PARENT'S DETAILS:**

<b>MOTHER'S FULL NAME:</b>	<b>FATHER'S FULL NAME:</b>
<b>TELEPHONE:</b> 1. HOME _____ 2. WORK _____ 3. MOBILE _____	<b>TELEPHONE:</b> 1. HOME _____ 2. WORK _____ 3. MOBILE _____
<b>EMAIL:</b>	<b>EMAIL:</b>
<b>OCCUPATION:</b>	<b>OCCUPATION:</b>
<b>COUNTRY OF BIRTH:</b>	<b>COUNTRY OF BIRTH:</b>

**CHILD RESIDES WITH:**

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

**NOTES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_