

WILLIAMSTOWN NORTH PRIMARY SCHOOL

2010 ENROLMENT PREFERENCE SHEET

Families seeking enrolment at Williamstown North Primary School for their child in 2010 are requested to complete the following Preference Sheet.

Child's Full Name: _____ **Date:** ____ / ____ / ____

Child's Date of Birth ____ / ____ / ____ **Gender:** **Male** **Female** (Please Circle)

Do you have a sibling currently at the school? **Yes** **No** (Please Circle)

If yes the child's Name: _____ **Year:** _____

Will you be seeking an enrolment at another school apart from Williamstown North Primary School?

Yes No If 'Yes', which school/s do you intend to submit an application to?

Williamstown Primary School

St. Mary's Primary School

Other _____

(Please provide the name of the school)

Please Note: If your closest neighbourhood school is not your first preference you should still submit an enrolment application at your closest neighbourhood school.

Does your child have any '**Special Needs**' that need to be discussed with the school?

Yes No

If yes, please contact the school to make an appointment with Wendy Emin the Assistant Principal and provide a brief outline below.

Does your child have any '**Medical**' requirements? **Yes** **No** (Please Circle)

If yes, please provide a brief outline of what the 'Medical' requirement is: _____

Parent/Guardian Name/s: _____

Parent/Guardian Signature/s: _____

Home Number: _____ **Mobile Number:** _____ **Work Number:** _____

Family Address: _____

Name of Kinder Attending: _____ **Group:** _____

Name of Kinder Teacher: _____

Please return your Preference Sheet to the school via

Hand Delivery to the General Office	By Fax 9397 1893	Mail to PO Box 278 Williamstown 3016
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The Enrolment Form must be picked up from the General Office.