

LILLY PILLY LITTLE SCHOOL WAIT LIST APPLICATION

Date:

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Male or Female Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Contact No: \_\_\_\_\_ Contact No: \_\_\_\_\_

Email: (Please print clearly) \_\_\_\_\_

Child's Address: \_\_\_\_\_  
\_\_\_\_\_

Siblings Name: \_\_\_\_\_ Age : \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age : \_\_\_\_\_

Year of Enrolment: \_\_\_\_\_

Preferred Days  Monday, Tuesday, & Wednesday  
 Wednesday, Thursday & Friday

Is your child of Aboriginal or Torres Strait Islander background? Yes  No

Do you hold a current healthcare card?: \_\_\_\_\_

Does your child have additional learning/support needs?: \_\_\_\_\_  
\_\_\_\_\_

Is your child immunised?: \_\_\_\_\_

Does your child speak a language other than English at home? \_\_\_\_\_

Is your child attending another preschool? If so, which one? \_\_\_\_\_

