



WAITING LIST APPLICATION FORM

CHILD DETAILS

Surname:			
Given Name:			
Date of Birth:		Nationality:	
Gender: (Circle)	Male	Female	Language spoken at home:
Home Address:			
		Post Code:	
Postal Address: (Write 'AS ABOVE' if same as Home Address)			
		Post Code:	
Year Starting Kindergarten:		*Kindergarten-aged children need to be 4 years old by 30 June in the year they attend Kindergarten.	
Campus	KB		

PARENT / GUARDIAN DETAILS

Father Surname:		Home Phone:	
Given Name:		Mobile:	
		Email:	
Mother Surname:		Home Phone:	
Given Name:		Mobile:	
		Email:	

OTHER INFORMATION

Please tick <input checked="" type="checkbox"/> requested days of attendance:	<input type="checkbox"/> Kindergarten program	Monday, Tuesday, Wednesday
	<input type="checkbox"/> Early Learning program	Thursday, Friday

Are there any allergy/medical/additional needs of which you are aware that your child may require at Kindergarten: (This information is requested to assist with planning, and the best needs of your child and will in no way be used to deny or delay your child's position on our Waiting List Register):

Does your child have siblings at TAS: Yes / No (If yes please write name/s) _____

Does your child require a place in TAS Preparatory in the following year: (Circle) Yes / No

How did you hear about the TAS Kindergarten Program? _____

Waiting List Application Fee: Please enclose a waiting list application fee of **\$20.00** which is non-refundable and not transferable, this validates the form and then your child's name is added to the list. Lodgement of this application does not guarantee enrolment or preferred days. A placement offer at the TAS Kindergarten will be notified by August the previous year. Please advise the Kindergarten should any of the contact details change. The information you provide to these questions will be treated in accordance with the TAS Confidentiality and Privacy Policy.

Signature of Parent/Guardian:

_____ Date: _____

OFFICE USE ONLY			
Date		Amount	
P'ment Type		Rcpt #	
Staff Sign.			