



TAS Early Learning Centre

Waiting List Application Form



CHILD'S INFORMATION			
Surname:			
Given Name:			
Date of Birth:		Nationality:	
Gender: (circle)	<i>Male</i> <i>Female</i>	Language spoken at home:	
Home Address:			
		Post Code:	
Postal Address: (Write 'AS ABOVE' if the 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	

PARENT/LEGAL GUARDIAN 1		PARENT/LEGAL GUARDIAN 2	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>		Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>	
Family name:		Family name:	
Given name:		Given name:	
Address:		Address:	
Email:		Email:	
Home ph:	Work ph:	Home ph:	Work ph:
Mob ph:	DOB:	Mob ph:	DOB:

Email for all correspondence:	
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OTHER INFORMATION

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: Yes/No

I would like a tour of the school and a Pre-Prep Interview with the Head of Junior School. Yes/No

How did you hear about the TAS Kindergarten Program? _____

Signature of Parent/Guardian: _____

Date: _____

Please supply completed form to the TAS Admissions team at admissions@tas.qld.edu.au