



## 2020 Enrolment Form

First preference Class Day and Time: \_\_\_\_\_

Second preference Class Day and Time: \_\_\_\_\_

### Student Details

First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

(How you would like your child to write and recognise their name.)

Family Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: M F

Address: \_\_\_\_\_

Name of Kinder/Childcare attending in 2020: \_\_\_\_\_

Primary School(s) you are looking at for 2021: \_\_\_\_\_

### Parent Details

Parents' Names: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Mobile number/s: \_\_\_\_\_ (Mum) \_\_\_\_\_ (Dad)

Email: \_\_\_\_\_

### Medical Details

Does your child have any of the following?

- Asthma: Y N (If yes, please fill out an Asthma Action Plan)
- Anaphylaxis: Y N (If yes, please fill out an Anaphylaxis Action Plan)
- Other allergies: Y N
- Other medical conditions: Y N
- Speech, learning, language, hearing or vision concerns: Y N

Please give further information if possible: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Reading Rockets? \_\_\_\_\_