

ENROLMENT AT LEWISHAM PUBLIC SCHOOL



Expression of Interest for: **2015** **2016** **2017** **2018** (Please tick)

Dream it. Work to achieve it.

Parents' Names	Phone Numbers	Email addresses

Residential Address (Please tick) local non-local

Child's Name _____ Date of Birth _____ Gender _____

Has your child attended any of the following? This helps to plan our *Ready for School Programs*.

Day Care? (Please tick) YES NO

Which & when ? _____

Pre-School? (Please tick) YES NO

Which & when ? _____

Something else? _____

How did you find us?

What do you know about us?

What do you think are the **qualities** of an excellent K-6 school?

What are you looking for in a K-6 school for **your** child in particular?

Would you like to be placed on our **Ready for School database?** (You will receive updates) YES NO

Any other comments or questions you would like us to address? (use back if needed)

PLEASE COMPLETE & BRING WITH YOU TO AN **INFORMATION NIGHT** OR PRIOR TO **REGISTRATION**; OR **DOWNLOAD, COMPLETE, SCAN & EMAIL BACK TO US** at lewisham-p.school@det.nsw.edu.au (c). Lewisham Public School

Office Use Only: Residential Address confirmed YES NO