



Le Fevre Kindergarten
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Le Fevre Kindergarten

Preliminary Enrolment Form

Child's Name _____ female/male

Address. _____.

Postcode _____

Date of Birth _____ Contact phone no. _____

Mother's name.. _____.

Father's Name .. _____.

Aboriginal/Torres Strait Islander yes / no

Any special needs/reason for attending _____

School child is likely to attend _____ in _____

Date child is to start Kindergarten _____

Children turning 4 prior to May 1 start kindergarten in the January of that year and after May start in the following January. Verification of birth is required to be sighted.

Session requests. (not a guarantee) _____

Attends childcare Yes/ No Enrolled at any other centre Yes/ No

signature

date

staff accepting form