



PRE-ENROLMENT FORM (Expression of Interest in Enrolment)

Child's Name: _____
(First Name) (Surname)

Date of Birth: _____ / _____ / _____

Year of interest for enrolment: _____

Does your child have any siblings? _____

Current ages of siblings: _____

Parent / Carer's Name: _____

Relationship to child: _____

Contact details:

PH: (Home) _____ (Mobile) _____

Email: _____

Address: _____

Please tick if you are planning to relocate to the area in order for your child to attend the Daylesford Dharma School.

Please tell us how you heard about our school: _____

Thank you for expressing your interest in potential enrolment at our school. Your pre-enrolment assists us in our forward planning for class sizes, facilities and teaching appointments. We warmly invite you to attend our school functions and become part of our extended community so that your family can stay in touch with our school's development.

Joel Hines Principal Daylesford Dharma School 11 Perrins Street, Daylesford VIC 3461 Australia (03) 5348 3112 joel.hines@dharmaschool.com.au	Office Use
	Date received: ____ / ____ / ____
	Filed by: _____