



SALISBURY LUTHERAN KINDERGARTEN

10 Waterloo Corner Road
Salisbury SA 5108
Phone: 08 8258 8070



The Ark

Application for Kindergarten Enrolment

Date Received:

CHILD'S FIRST NAME.....

CHILD'S LAST NAME.....

Date of birth..... Gender M / F

Kindergarten entry date: Term..... Year

Primary School child is expected to attend.....

Entry date at the school: Term..... Year.....

ENROLLING PARENT / CARER

Name.....Relationship to child.....

Home Phone.....Mobile.....

Work.....Email.....

Child's home address.....

.....Postcode.....

Postal address (if different from above).....

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RELEVANT DETAILS ABOUT CHILD

Does your child suffer from asthma or allergies? Eg. Bee sting, nuts, dairy?

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Does your child have any additional needs (such as medical conditions, developmental delay, disabilities, English as another language). Please provide a brief summary.....

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Is your child Indigenous? Yes/No. Under the guardianship of the Minister Yes/No

Session Preference: ☐ Monday, Tuesday and fortnightly Wednesday or

☐ Thursday, Friday and fortnightly Wednesday

An application fee of \$50 applies to hold your child's place. Please pay by card and record details below if you are returning the form electronically or pay by cash or card onsite if you return the form in-person.

\$50 Bank transfer: reference your child's name. BSB 735 047 Account no. 070804

Please fill in your bank payment receipt number: