

If the application is successful an Enrolment form will need to be completed.

STUDENT INFORMATION

Zoned:

Out of Zone:

Today's Date:

Gender:

Male

Female

Other

Child's Surname:

Child's First Name:

Date Of Birth:

Address:

Current Preschool/
School:

Current Year Level:

Kindergarten

Year 1

Year 3

Year 5

Foundation

Year 2

Year 4

Year 6

Any Additional
Information.
(medical/custody):

PARENT CONTACT DETAILS

Parent A Surname:

First Name:

Mobile Number:

Email address:

Parent B Surname:

First Name:

Mobile Number:

Email address:

OFFICE USE ONLY

Start Date:

Year Level:

All document received:

Class:

More Information :

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 03 9354 9332

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 www.coburgps.vic.edu.au

THANK YOU

COURAGE

CURIOSITY

EMPATHY

RESPECT

