



Preliminary Enrolment Form

Updated and endorsed by Staff and
Governing Council: October 2015
Next Review: October 2018

Please complete this form and return it to the Barker Kindergarten Director at:
[197 Tynte Street North Adelaide SA 5006](mailto:dl.5605_leaders@schools.sa.edu.au)
Fax: 8267 6248
Email: dl.5605_leaders@schools.sa.edu.au

Child's Name:

Child's Date of Birth (birth certificate or passport to be sighted prior to acceptance of enrolment):

Parent(s) Name:

Phone number:

Address:

Email:

Kindergarten Start Year:

School to which you plan to send your child:

School Start Year:

Does your child speak a language other than English?

Does your child have any special requirements? (Dietary requirements, Health Needs, Disability). Are there any accompanying referrals, forms or information? This information will assist us to prepare your child for transition to kindergarten and provide and engage support services where required.

Is there any other relevant information that the Kindergarten needs to be aware of?

Thank you for completing this form. We will email or phone you to confirm that we have received it.