



## PRELIMINARY ENROLMENT FORM

Today's date:

17 A REGENT PLACE  
KENSINGTON SA 5068  
INFO@MCKELLARKGN.SA.EDU.AU

CHILD'S NAME:	
MALE/FEMALE	
DATE OF BIRTH:	
PARENT NAME(S):	
ADDRESS:	
PHONE NUMBERS:	
SCHOOL CHILD WILL ATTEND:	
CONFIRMED STARTING DATE AT SCHOOL:	
SPECIAL REASON FOR ATTENDING (eg older sibling, special needs):	

STAFF USE ONLY	
STARTING DATE FOR PRE ENTRY:	
STARTING DATE FOR FULL TIME KINDY:	
DATE:	