

## Enquiry Form

Enquiry Date:	(DD) (WW)	(YYYY)	
Name of Parent: _			
Name of Student	:		
Date of Birth:	(DD) (WW)	(YYYY)	Age (Years & Months)
Phone Number: _			
Email Address: _			
Is Child currently	enrolled in a school? _		
Do you have any	special educational re	equirement for your c	hild?
Do you require So	chool Bus Service?	Any	Siblings?:
When do you inte	nd to enrol him/her?		
	For	Official use on	ıly
Enquiry	handled by:		•
	nt:		