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PRE-PREP ENROLMENT FORM

Child's Name	Date of Birth	M / F	Sex
Parent's/Guardian's Name	Parent's/Guardian's Name		
Home/Mobile Phone	Work Phone	Home/Mobile Phone	Work Phone
Address	Address		
Town, State, Postcode	Town, State, Postcode		

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
Home/Mobile Phone	Home/Mobile Phone
Work Phone	Work Phone
Address	Address
Town, State, Postcode	Town, State, Postcode

Kindergarten Information

Kindergarten/Day Care Attended _____ Year/s _____

Medical Information

Ambulance Victoria Subscriber **YES / NO**

Allergies/Special Health Considerations _____

Where the teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:
. Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
. Administer such first-aid as the teacher-in-charge judges to be reasonably necessary.

Parent's/Guardian's Signature _____ Date _____

I give permission for my child's photo's, images or work samples being used for school related media purposes including newsletter, school website, newspapers.

Parent's/Guardian's Signature _____ Date _____

