



East Adelaide School



Government
of South Australia
Department for Education

REGISTRATION OF INTEREST FOR _____ SCHOOL YEAR

PARENT INFORMATION

Surname _____

Given Name _____

Address _____

Mobile _____

Email _____

**Please provide evidence of your residential address when lodging this form.*

NAME OF CHILDREN

Surname _____

Given Name _____

Date of birth _____

Year level _____

Surname _____

Given Name _____

Date of birth _____

Year level _____

SIBLING ATTENDING EAST ADELAIDE SCHOOL (eldest child)

Surname _____

Given Name _____

Date of birth _____

Year level _____

IS EAST ADELAIDE THE ONLY SCHOOL YOU ARE CONSIDERING?

YES / NO

If not, name of other school/s _____

Current pre-school / kindy / school _____

SPECIAL CIRCUMSTANCES YOU WOULD LIKE US TO CONSIDER

57 – 59 Second Avenue, St Peters SA 5069

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