



*Learning for Life*

# East Adelaide School



## 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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