



East Adelaide School

Learning for Life



Government of South Australia
Department for Education

REGISTRATION OF INTEREST FOR _____ SCHOOL YEAR

PARENT INFORMATION

Surname _____

Given Name _____

Address _____

Mobile _____

Email _____

Is this address in East Adelaide School's zone? Yes No

If not, please ensure your child is also registered with your local zoned school.

****Evidence of your residential address is required when lodging this form.
(refer overleaf for type of evidence required)***

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, please list all schools in order of preference:

1. _____ 2. _____ 3. _____

Current pre-school / kindy / school: _____

SPECIAL CIRCUMSTANCES YOU WOULD LIKE US TO CONSIDER

