

ENROLMENT EXPRESSION OF INTEREST

DATE OF APPLICATION:

STUDENT DETAILS

Family name			
Given name(s)			
D.O.B.	/	/	Male / Female (please circle)
Predicted Calendar Year of Entry to KVS	Anticipated Entry Level (if other than Prep)		

STUDENT DETAILS

Family name			
Given name(s)			
D.O.B.	/	/	Male / Female (please circle)
Predicted Calendar Year of Entry to KVS	Anticipated Entry Level (if other than Prep)		

FAMILY CONTACT DETAILS

Given name(s)		Family name	
Postal Address	Town	Postcode	
Email address			
Home phone		Mobile	

Signature(s) of Parent/Guardian	Date:
_____	_____

Please email this form to: admin@koonwarravillageschool.org
 OR post to: **KVS, PO Box 48, Koonwarra, Victoria 3954**

Office Use:

School Tour Date:

NOTES:

Tour Conducted By: