

ENROLMENT EXPRESSION OF INTEREST

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

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