

Mypolonga Primary School

17–27 Williams Street Mypolonga South Australia 5254 Telephone: 08 85354191

Email: dl.0302.admin@schools.sa.edu.au

Principal: Sunyl Vogt www.mypolongaps.sa.edu.au

Future Student Information

(if your child **does not** have Mypolonga Primary School as his/her school of right, please also complete our Enrolment Policy). Thank you.

Student Details:						
Family Name:	Given Names:					
Date of Birth:	Male □	Female				
Address:						
Name of current/future school or	r kindergarten student at	tending:				,
Preferred Year of Commenceme	ent at Mypolonga Primar	y School:	(please o	circle: start of	year / mid year inta	ke)
Year Level:						
Parent/Caregiver Details:						
Parent / Caregiver 1						
Family Name:	Given Names	3:				
Address:(if same as student, indicate 'as						
Email Address:						
Telephone Number(s):	(h)	(w)		(۱	m)	
Parent / Caregiver 2						
Family Name:	Given Names	s:				
Address:(if same as student, indicate 'as						
Email Address:						
Telephone Number(s):	(h)	(w)		(ı	m)	
Signed Parent / Caregiver:			Date:	1	/20	
Office Use:						
☐ Future student information	entered on EMS	☐ Add to wa	iting list.	☐ Confirm	ed enrolment.	
☐ Future student information	filed in Future Student I	nformation folde	r.			
Entered by	Date	/	/20			

