



# Brightwater State School

## Prep Registration (Brightwater State School catchment area)

Enrolment for Year \_\_\_\_\_

### FAMILY DETAILS

Family Name Parent/Caregiver 1	Given Name Parent/Caregiver 1	Title Mr/s	M/F	Relationship to Student/s
Family Name Parent/Caregiver 2	Given Name Parent/Caregiver 2	Title Mr/s	M/F	Relationship to Student/s
Phone: (Home)	Mobile:	E-mail:		
Current Address:				

### STUDENT DETAILS

Family Name	Given Name	M/F	D.O.B.	Current Kindy/Pre-Prep	Special Learning Needs Yes/No

#### OFFICE USE ONLY

Date Received	___ / ___ / 20
Time Received	__:__ am/pm
Initial of Recipient	

☒ I understand and accept that this Registration does not constitute enrolment at Brightwater State School.

Signature: \_\_\_\_\_