

Bankstown West Public School

Respect, Believe, Succeed



Bankstown West Public School Ready, Set, Go-Expression of Interest

Family Name:

Child's Given Name:.....Male/Female

Address:.....

Date of birth:.....

Does your child have specific needs? (e.g. disability, significant difficulty in learning or behaviour, speech delay) Yes/No

If yes, please describe and attach relevant information:

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Does your child have any allergies or medical issues: Yes/No

If yes, please describe.....

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.....

Does your child attend a daycare or pre-school facility? Yes/No

If yes, please name the service and describe frequency (number of days per week of attendance.)

Name of Service:	Frequency (days per week):	Years of attendance:

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Are you concerned your child may not be ready for school and would like advice on school readiness? Yes/No

If yes, please describe your reservations:

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I have enrolled my child to Bankstown West Public School for 2020 and completed the appropriate paperwork.

I have not enrolled my child in any other school, including Independent schools.

I have read the Ready, Set, Go School Readiness policy and agree to abide by the conditions of enrolment.

Parent/carer's signature:

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Date:

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