



371 MARMION STREET
 MELVILLE WA 6156
 M 0432 107 929
 WWW.SCOLAEARLYLEARNING.COM

Waiting List

PARENTS' INFORMATION:					
PARENT 1			PARENT 2/OTHER		
NAME:			NAME:		
DOB:			DOB:		
HOME ADDRESS:			HOME ADDRESS:		
HOME PHONE:			HOME PHONE:		
WORK PHONE:			WORK PHONE:		
EMAIL:			EMAIL:		
CRN:			CRN:		
CHILD'S INFORMATION:					
GIVEN NAME:		LAST NAMES:			
DATE OF BIRTH:		PLACE OF BIRTH:		SEX: <input type="radio"/> MALE <input type="radio"/> FEMALE	
DATE CONTACTED (TODAY):			DATE TO START:		
ETHNICITY:		LANGUAGE SPOKEN:		RELIGION:	
CRN:					
DAYS/TIMES REQ'D:					
MON		TUE		WED	
THU		FRI			
ARRIVAL TIME:					
DEPARTURE TIME:					
PRIORITY OF ACCESS: (PLEASE CIRCLE PRIORITY)					
THE CENTRE MUST COMPLY WITH ENROLMENT PRIORITY AND ACCESS GUIDELINES SET BY DHS					
1. AGE					
2. PRIORITY OF ACCESS					
3. DATE OF APPLICATION					
4. CURRENT SIBLINGS ATTENDING					
SPECIFIC NEEDS:					
SCOLA IS COMMITTED TO PROVIDING QUALITY EDUCATION FOR ALL CHILDREN INCLUDING THOSE WITH SPECIFIC NEEDS OR MEDICAL CONDITIONS. IF RELEVANT, PLEASE PROVIDE SUMMARY DETAILS AND ACTION PLANS:					
SIGN:			DATED:		
(OFFICE USE ONLY):					
MON		TUE		WED	
THU		FRI			
DAYS GIVEN:					
TOTAL:					
PRIORITY GIVEN:					