



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

Waiting List

PARENTS' INFORMATION:					
PARENT 1		PARENT 2/OTHER			
FIRST NAME:		FIRST NAME:			
HOME ADDRESS:		HOME ADDRESS:			
HOME PHONE:		HOME PHONE:			
WORK PHONE:		WORK PHONE:			
EMAIL:		EMAIL:			
CRN:		CRN:			
CHILD'S INFORMATION:					
GIVEN NAME:		LAST NAMES:		SEX:	<input type="radio"/> MALE <input type="radio"/> FEMALE
DATE OF BIRTH:		PLACE OF BIRTH:		DATE TO START:	
DATE CONTACTED (TODAY):		ETHNICITY:		LANGUAGE SPOKEN:	
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:					