**Expression of Interest in Applying for Enrolment**

**Please use Block Capitals**

|  |  |
| --- | --- |
| **Desired Date of Admission** |  |
| **Class to be Enrolled into:**  |  |
| **Name of Child:** |  |
| **Address:** |  |
| **Date of Birth:** |  |
| **Mother’s Name** |  |
| **Mother’s email Address** |  |
| **Mobile Number (Mother)** |  |
| **Father’s Name** |  |
| **Father’s email address** |  |
| **Mobile Number (Father)** |  |

**Signature Parent/Guardian 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**