

Birkdale State School

74 Agnes Street Birkdale Qld 4159 Phone: 3286 0777

Email: admin@birkdaless.eq.edu.au Website: www.birkdaless.eq.edu.au

ENROLMENT EXPRESSION OF INTEREST FORM

One form per child.					
Year Level sought	Prep 1	2	3	4	5 6
Proposed Start Date at Birkdale State School	/_	/ 20			Current Year Level (If applicable)
Child's Surname					
Child's First Names					
Child's Date of Birth					Male Female
Name of Child Care/School currently attending					Number of days per week currently attending
Does a sibling currently attend Birkdale school?	If yes, please provide the sibling's name:				
Parent's Surname					
Parent's First Name					
Current Address					
(Please contact the office if your address or contact details change)	Suburb				Postcode
Phone No.	Mobile				Home
Email					
Comments					
I/we acknowledge that acceptance of this form does not guarantee enrolment in the future.					
If you change your contact details, please notify the office as soon as possible. We will phone you if we are able to offer your child an enrolment.					
Please submit your completed 'Expression of Interest Form' or save and email to admin@birkdaless.eq.edu.au					
Thank you for submitting your 'Expression of Interest Form' to Birkdale State School.					
Name of person submitting this form:					Date:
FOR OFFICE USE ONLY:					
Date received					
Date offer made		Offer accepted	Date:		