



Birkdale State School

74 Agnes Street
Birkdale Qld 4159
Phone: 3286 0777

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

ENROLMENT EXPRESSION OF INTEREST FORM

One form per child.

Year Level sought	Prep <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>						
Proposed Start Date at Birkdale State School	27/ 01/ 2026 <input type="checkbox"/> or ____/____/ 20____					Current Year Level (If applicable)	
Child's Surname							
Child's First Names							
Child's Date of Birth	____/____/____					Male <input type="checkbox"/> Female <input type="checkbox"/>	
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 <small>(Please contact the office if your address or contact details change)</small>	Suburb					Postcode	
	Phone No.					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 enrol@birkdaless.eq.edu.au

Thank you for submitting your 'Expression of Interest Form' to Birkdale State School.

Name of person submitting this form:	Date:
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FOR OFFICE USE ONLY:			
Date received			
Entered Excel Spreadsheet	<input type="checkbox"/>	Entered One Note	<input type="checkbox"/>
Emailed to DP	<input type="checkbox"/>	Uploaded One Note	<input type="checkbox"/>