



Port Melbourne Primary School Expression of Interest in Enrolment

Child's Name _____

Date of Birth _____ Male / Female (*circle one*)

Kindergarten/Crèche Currently Attending _____

School/Kindergarten Telephone no. _____

Please register my child on your prospective enrolments register for Prep in _____ (*Year*).

OR: Please register my child to start this year in: _____ (year level, e.g. Year 3)

Do you have another child / children currently attending Port Melbourne Primary School? Yes / No

If yes, please write their name _____

Parent/Guardian (A) _____

Address _____

_____ Postcode _____

Mobile _____ Home _____ Work _____

Email Address _____

Parent/Guardian (B) _____

Address _____

_____ Postcode _____

Mobile _____ Home _____ Work _____

Email Address _____

Signed _____ Date _____

Prospective Preps only: I require a school tour. Yes (date/time will be advised) No

PLEASE RETURN EXPRESSION OF INTEREST FORM TO THE SCHOOL
415 Graham Street, Port Melbourne 3207
Email: mckee.fry.juanita.l@edumail.vic.gov.au