

COVID 19 ALERT LEVEL 3 ENROLMENT FORM

Please complete the form below. This is to ensure that we have your most up to date contact details. Thank you

Student Details		
	First Name	Surname
Child 1		
Child 2		
Child 3		

<u>DETAILS OF PARENTS/CAREGIVERS:</u>			
SURNAME:		FIRST NAME:	
ADDRESS:			
PHONE: (Home)		PHONE: (Work)	
EMAIL:			
OCCUPATION:		WORK PLACE:	
RELATIONSHIP TO STUDENT:			

EMERGENCY CONTACT: (A person who can be contacted if immediate Caregivers cannot be contacted)			
Surname:		First Name:	
Relationship to student:		Day Time Phone Number:	



My child/children will attend school on the following dates:

(If you are unsure, we ask you to please give us at least 24 hours notice so that we can arrange the required teacher to student ratio)

Date:	(Highlight as appropriate)	
Fri 3 Sep	YES	NO
Mon 6 Sep	YES	NO
Tue 7 Sep	YES	NO
Wed 8 Sep	YES	NO
Thu 9 Sep	YES	NO
Fri 10 Sep	YES	NO

I have read and understood the attached **IMPORTANT Information for Parents of Children returning to school under Covid19 Alert Level 3** letter and agree to follow all instructions.

Name:.....

Date:.....

Signed:.....