

Change of Enrolment Details

Office Use Only

Use this form only to amend any details if your circumstances have changed.

1. CHILD'S DETAILS

Surname: _____ Given Name: _____

Application No. (if known): _____ Kindergarten (if enrolled) _____

Child's Residential Address: _____ Postcode: _____

2. PARENT/GUARDIAN RESPONSIBLE FOR ENROLMENT

Name: _____ Relationship to child: _____

Address: _____ Postcode: _____

Telephone: (H) _____ (M) _____ (W) _____

Email: _____

3. CHANGE OF ENROLMENT DETAILS

Please tick one or more options - I wish to amend my child's application in reference to

Changing address and advising a proposed moving date
New residential address: _____
New Postal address: _____
Expected moving date: _____

Changing kindergarten/Prekindergarten preferences (prior to allocation and acceptance process)
From _____, _____, _____
To _____, _____, _____

Changing Kindergarten/Prekindergarten (after allocation and acceptance process)
My Child is enrolled at _____
Please place my child on the waiting list for a transfer to: _____,
_____, _____

An extended absence from Kindergarten/Prekindergarten, including dates of absence
Date of absence: _____ Expected return date: _____
Reason for absence: _____

I understand that fees must be paid during this period. _____ Initial here

I understand that I must communicate with the teachers if these dates change. _____ Initial here

Withdrawing my child from Kindergarten or Prekindergarten
What days was your child attending Kindergarten? _____
Date of withdrawal : _____ Last date of attendance: _____
Reason for withdrawal: _____

NB: Notification of withdraw will be deemed the date this form is received if later than the date withdrawn stated above

PLEASE READ BELOW IMPORTANT INFORMATION IN RELATION TO WITHDRAWAL AND REFUNDS OF FEES.

Please note that you will be charged the equivalent of two weeks fees for administration costs for withdrawing your child. A copy of our Fees policy can be accessed on our website. LMPA may issue a pro rata refund in exceptional circumstances.

Please email the completed form to enrolments@lmpa.org.au

Name Signature..... Date.....