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	REGISTRATION OF IN	NTEREST 2025
PARENT INFORMATION		
Surname:	Given Name:	
Residential Address:		Postcode:
Telephone contact: (M)	<u>(H)</u>	(W)
Email:		
NAME OF CHILD(REN)		
Surname:		Given Name:
Date of Birth:		Gender: M / F Year Level in 2025
Surname:		Given Name:
Date of Birth:		Gender: M / F Year Level in 2025
Name of sibling/s (brother/s &/or siste	er/s) currently attending Vale Par	rk Primary School
	Current Year L	Level: DOB:
	Current Year L	Level: DOB:
Is Vale Park Primary School the only sc	hool you are currently considerii	ng? YES / NO
Why?		
If not, the name of other school/s:		
Current Pre School/Kindergarten or Pr	imary School:	
_		
Any Behaviour issues:		
Any Behaviour issues:	·	
Any Behaviour issues: Any Learning Needs or Diagnosis: Do you have any reports (eg speech)	·	
Any Behaviour issues: Any Learning Needs or Diagnosis: Do you have any reports (eg speech) Are you planning on travelling oversea	as between the months of Septen	
Any Behaviour issues: Any Learning Needs or Diagnosis: Do you have any reports (eg speech) Are you planning on travelling oversea DATES TRAVELLING:	as between the months of SeptenBEST CONTACT	mber & January? Y / N
Any Behaviour issues: Any Learning Needs or Diagnosis: Do you have any reports (eg speech) Are you planning on travelling oversea	as between the months of SeptenBEST CONTACT	mber & January? Y / N
Any Behaviour issues: Any Learning Needs or Diagnosis: Do you have any reports (eg speech) Are you planning on travelling oversea DATES TRAVELLING: Special circumstances you would like u	as between the months of SeptenBEST CONTACT	mber & January? Y / N

Signature: ________ growing for the future...

Date:

Government of South Australia Department for Education

VALE PARK

Vale Park Primary School 40-56 Ascot Avenue, Vale Park SA 5081 T 08 8261 3733 F 08 8261 6221 E dl.0967.info@schools.sa.edu.au www.valeparkps.sa.edu.au