Deanwell s c H o o L



Expression of Interest Form

Child's Name:				
Child's Date of Birth:		Male or Female		
Parent's Name:				
Address:				
(Proof of address req	<mark>uired)</mark>			
Phone:	Emai	l:		
Please circle the	e enrolment period yo	u wish your child to s	tart school (inclusive of	transition visits)
2025 Term 1	2025 Term 2	2025 Term 3	2025 Term 4	2026 Term 1
3 Feb to 11 Apr	28 April to 27 June	14 July to 19 Sep	6 Oct to 17 Dec	ТВС
Priority 1 – Siblings Priority 2 – Siblings Priority 3 – Children Priority 4 – Children	of current students (please of former students (please of former students (please of Board Employees (please of Board Members (please nce at Deanwell Kindergar	e name student/s): name student/s): use name student/s): e name student/s):	applies to this application:	
Signed:		Date:		
	to be considered in the back	•	e at Deanwell School before	the relevant application
ciosing date (see 2023)	20 Emonnent Julienie Dant	or datesj.		

IMPORTANT NOTE FOR NEW ENTRANTS:

Deanwell School has an in depth 'transition to school' program, this starts 3 weeks prior to your child turning 5. To ensure your child completes the full transition program, we recommend you **ballot the term prior to them turning 5.** For example if your child turns 5 in Term 4, we suggest you ballot for term 3. This allows your child to complete their transition program. If you have any queries regarding this please contact the school on (07) 843 7069.