

OATLANDS MONTESSORI

EXPRESSION OF INTEREST FORM

Date received _____

NAME OF CHILD _____

HOME ADDRESS _____

DATE OF BIRTH _____ GENDER: MALE _____ FEMALE _____

PARENTS COUNTRY OF ORIGIN _____

START DATE _____

Email Address 1) _____

2) _____

PARENTS **NAME & MOBILE**: MUM: _____

DAD: _____

HOME PHONE NO: _____

Do you have other children attending Oatlands Primary School?

YES/ NO

NAME:

CLASS:

Is this child registered to attend Oatlands Primary school after
Montessori?

YES/NO _____

Any Other Information _____

Oatlands Montessori is open Monday to Friday, 9am to 12/12.30pm
during school term times only.