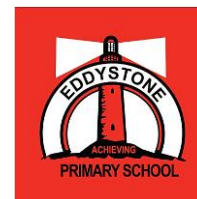


EDDYSTONE Intensive English Centre Program

Eddystone Primary School
Littorina Av
Heathridge WA 6027



ENROLMENT REQUEST

Phone: (08) 9406 5106

P/P to Year 6

REQUEST FORM MADE BY: _____ Tel: _____

STUDENT'S FAMILY NAME: _____

GIVEN NAMES: _____

DATE OF BIRTH: _____ MALE FEMALE

COUNTRY OF BIRTH: _____

ADDRESS: _____

SUBURB: _____

PHONE: _____ MOBILE: _____

VISA SUB-CLASS NO: _____

DATE OF ARRIVAL IN AUSTRALIA: _____ OR BORN IN AUSTRALIA: YES NO

LANGUAGE/S SPOKEN: _____ Parents: _____

PARENTS/CARERS

FAMILY NAME: _____

GIVEN NAMES: _____

FAMILY NAME: _____

GIVEN NAMES: _____

EMAIL: Alec.Kanganas@education.wa.edu.au

FAX TO: (08) 9406 5115