



# BPA Children's Services

3 YEAR OLD KINDERGARTEN CENTRAL ENROLMENT  
ALTERATION OF KINDERGARTEN APPLICATION

PLEASE PRINT CLEARLY AND IN BLOCK LETTERS

YEAR OF ATTENDANCE: \_\_\_\_\_

Child's Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Phone No: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Application No: \_\_\_\_\_

## COMPLETE SECTION A, B OR C AND SIGN

\*Please note that once these new preferences have been processed, all previous entries will be discarded.

### A. CHANGE OF PREFERENCE: (indicate one to five preferences) BUT LIST ONLY THOSE KINDERGARTENS WHERE YOU WILL ACCEPT A PLACE

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### B. CHANGE OF ADDRESS / PERSONAL DETAILS:

Name: \_\_\_\_\_

New Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

### C. CANCELLATION OF APPLICATION / DEFER APPLICATION:

I wish to **CANCEL** my Application: YES NO

Name of Kindergarten: \_\_\_\_\_

Reason: \_\_\_\_\_

I wish to **DEFER** my Application: YES NO

If YES: I wish to defer my Application until **YEAR** \_\_\_\_\_ to attend \_\_\_\_\_ Kindergarten.

Print name of Parent / Guardian: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return this form to: BPA Children's Services  
PO BOX 215 OR FAX: 9312 4754  
SUNSHINE VIC 3020