



2025 INTENTION TO ENROL

Please completed for **each student** enrolling at Flinders View Primary School.
Once completed return to the school to make a time for an enrolment meeting. Thank you.

Complete for each child enrolling:		
	STUDENT 1:	STUDENT 2:
Name of child:		
Date of birth:		
Parent Name:		
Residential address:		
Postal address: (If different to above)		
Home phone:		
Mobile phone:		
Current school:		
Year level:		
Special learning needs:		
Siblings/relatives at FVPS:		
Why did you choose FVPS?		
Any other considerations:		
<i>You must attend an enrolment interview before an offer of enrolment can be made.</i> <i>Please bring your child's Birth Certificate and Medicare Card to the appointment.</i>		
<i>Interview date and time:</i>		
<i>Term 1: 30 Jan to 14 April</i> <i>Term 2: 1 May to 7 July</i> <i>Term 3: 24 July to 29 Sept</i> <i>Term 4: 16 Oct to 15 Dec</i>		

'Learning Together for a Better Future'

