



Change to Application

Central Enrolment Scheme for Four Year Old Funded Kindergarten

i Use this form to amend any application details if your circumstances have changed.

CHILD DETAILS

Given name <input type="text"/>	Family name <input type="text"/>
Date of birth (DD/MM/YYYY) <input type="text"/>	Gender: <input type="checkbox"/> male <input type="checkbox"/> female
	Year my child is eligible to attend Funded Kindergarten <input type="text"/>

PARENT GUARDIAN DETAILS

Parent / Guardian 1	Relationship to child	
<input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Dr	<input type="text"/>	
Given Name <input type="text"/>	Family Name <input type="text"/>	
Street address <input type="text"/>	Suburb <input type="text"/>	Postcode <input type="text"/>
Mailing address (if different from above) <input type="text"/>	Suburb <input type="text"/>	Postcode <input type="text"/>
Phone numbers		
Mobile <input type="text"/>	Home <input type="text"/>	Work <input type="text"/>
Email <input type="text"/>		
First language spoken at home if not English <input type="text"/>	Country of Birth <input type="text"/>	

CHANGE OF APPLICATION DETAILS:

- | | |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Change of address and advise a proposed moving date – please detail new address | <input type="checkbox"/> Advise new sibling association |
| <input type="checkbox"/> Change of kindergarten preference | <input type="checkbox"/> Withdraw application |
| <input type="checkbox"/> Change of child's entry year into kindergarten | |
| <input type="checkbox"/> Defer enrolment application | |

DETAILS OF AMENDMENT

DECLARATION

I accept the terms of the Kingston Kindergarten Central Enrolment Scheme selection criteria and declare that the information I have supplied is true and accurate. I understand that the personal information requested on the Change of Application Form is being collected for the delivery of Councils Services in accordance with Councils powers, functions and purposes under the Local government Act 1989 and other relevant legislation. It may also be used by Council to conduct research and customer satisfaction surveys so that we may better understand community needs and can improve service delivery. Council may disclose this information to kindergarten committees in accordance with the Privacy Act 2000. I understand that I may apply to Council for access to and/or amendment of the information by contacting the Kingston Kindergarten Central Enrolment Scheme on 9581 4851. I understand that in lodging an application, an offer of enrolment is not guaranteed.

Parent / Guardian full name <input type="text"/>	Parent / Guardian signature <input type="text"/>	Date <input type="text"/>
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LODGE THIS FORM

BY MAIL
Central Enrolment Scheme for
Funded Kindergarten
City of Kingston
PO Box 1000, Mentone VIC 3192

IN PERSON:
City of Kingston
Customer Service Centres:
1230 Nepean Highway Cheltenham
1 Chelsea Road Chelsea



**SUBMIT YOUR COMPLETED
FORM VIA EMAIL**

click here