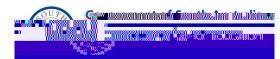
Reception registration of interest form



Complete this form to register your int TQ 0 592 \$1.92 BT/TT1 9.2 Tf1BT/TT1 9.2 Tf54.462.6 Td() TjETEMC (Artifact (Att3.5) 92 \$1.92 reW* nBT/TT1 9.2 Tf18.9 8.5 d(y)-

	Term 1	Term 3		
			Years M	onths
			Yes	No
			Yes	No
			Yes	No
			Yes	No
4: School preferences				
Is this school (named in section 1), the child's local (zoned) school? Do you wish for this child to attend this school, as your first preference?			Yes	No No
If this school is not your first preference, please list any other schools (incl	uding this school) y	you are registering interes	t for, in nominate	d order:
School 1:				
School 2:				
School 3:				

Section 5: Information that may support the child's registration of interest

Complete this section, if this is a preferred non-local (out-of-zone) school, you live within a shared zone, or this school has a current capacity management plan www.education.sa.gov.au/cmp.

Please indicate any reasons for wishing to attend this school (tick all that are applicable):

L