

TOWNSVILLE GRAMMAR SCHOOL

Pre-Prep Parent Statement (Required for Pre-Prep ONLY)

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PARENT CODE

Child's	Surname:		Given Names:		
Child C	RN:		Child's Date of Birth:		
Mother	's Name :				
Mother	ers CRN :				
Father'	s Name :				
Fathers	S CRN :	Fathers Date of Birth:			
1.	Complete the	section below if you have other chi	ldren attending Child Care or School.		
Sibling	1 – Name	Date of Birth:	School / Centre:		
Sibling	2 – Name:	Date of Birth:	School / Centre:		
Sibling	3 – Name:	Date of Birth:	School / Centre:		
Sibling	4 – Name:	Date of Birth:	School / Centre:		
2.	Complete the	section below if the child who is in	tending to attend the Townsville Grammar Pre-Prep		
	Centre will <u>AL</u>	<u>_SO</u> attend another Centre within th	ne week.		
Name o	of other Centre	:			
Days at	tending other (Centre:			
From w	/hat Centre are	you claiming Child Care Benefits (CCB)		
3.	For enrolment to be completed an interview with the Head of Junior School is normally required in the year prior to entering the Pre-Prep Centre.				
Parent	Name:	Parent Signaturo	e:Date:		
If you a	re uncertain as	s to how to complete this form corr	ectly, please ask the Centre Director for assistance.		
Please	ring the Family	y Assistance Office (FAO) on 136150	to obtain your Customer Reference Numbers (CRN).		
Thanky	/ou.				