

# EXPRESSION OF INTEREST FOR 3 YEAR OLD KINDY 2026

## STUDENT INFORMATION

Student Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Male / Female  
Address: \_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

## FAMILY INFORMATION PARENT OR GUARDIAN

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Contact Numbers: H: \_\_\_\_\_ M: \_\_\_\_\_ W: \_\_\_\_\_  
Email Address \_\_\_\_\_

Please note that this is an Expression of Interest only and not an enrolment. Your child cannot attend until they have reached the age of three. Kindly complete the form and return it to us via email at [admin@stmkalg.wa.edu.au](mailto:admin@stmkalg.wa.edu.au).