



KSP KindiLink School	Kimberley School of the Air	Date of Registration	
-----------------------------	-----------------------------	----------------------	--

Child's details

Child's name (first and surname)		Preferred name (if different)
Date of birth and other details	Date of Birth: DD/MM/YY	Gender Male Female
Postal address		
Main language spoken at home?		

Family details

Parent/s' name/s		
Best contact number		
Other Guardian and/or Carers' name/s		
Sibling/s' names and ages		

Additional information

Aboriginal/TSI/Other?	Aboriginal / Torres Strait Islander / Other (please specify)	
Is there any information about behaviour, special needs or support that you think we should know?	Yes No	If yes please provide details.
Does your child have any medical conditions? (i.e. with ears, eyes)	Yes No	If yes please provide details.
Does your child have any allergies?	Yes No	If yes please provide details.

Consent *(You are able to alter consent at any time by contacting staff).*

Do you consent to images of your child being used in School Media; including Newsletters, displays, and end of year magazines.	Yes No
--	--------

Any additional information can be included here.		
--	--	--

Parent/Guardian name and signature	Name	Signature
------------------------------------	------	-----------

Date	
------	--

At KSP KindiLink, zero to three-year-old children and their families will participate together in play-and-learn sessions.

Our KSP KindiLink teacher and Aboriginal Islander Education Officer are committed to working alongside our families to support them as their child's first and ongoing educator; valuing the learning that families and communities provide.