



Marayong Heights Public School

4a Guerie Street,
Marayong NSW 2148

Email: marayonght-p.school@det.nsw.edu.au
Phone: 9622 4776

Kindergarten Orientation 2020 Registration

1Child's Name:	Date of Birth:
Parent / Carer's Name:	Parent / Carer's Name:
Daytime Phone Number:	Daytime Phone Number:
Residential Address:	Emergency Contact Name: Emergency Contact Number:

Does your child have any allergies / medical issues? Yes / No

(Please specify) _____

Language spoken at home: (please specify) _____

Independent toileting: Yes / No _____

Do you give permission for photos to be taken of your child to be used within the school and community promotional material? Yes / No

Does your child attend Preschool? Yes / No

If yes, please provide details:

Centre Name: _____ Number of days per week: _____

Parent / Caregiver signature: _____ Date: _____