

WADESTOWN SCHOOL

*Weld Street
Wadestown
Wellington 6012
Ph: (04) 472 4779*

*Rose Street
Wadestown
Wellington 6012*



Pre-Enrolment Form

Child's full name: _____

Date of birth: _____

Pre-school attended: _____

Parent's Names: _____

Home address: _____

Contact phone: _____(Home)

_____ (Other)

Email Address: _____

Today's Date: ____/____/____

Please indicate any particular learning/social/behavioural/medical need your child has: _____

Please return this form to:

Robyn Grover

robyn@wadestown.school.nz

Deputy Principal

Wadestown School

72 Weld St

Wadestown

WELLINGTON