



Expression of Interest to Enrol

Please complete and send this form to us, and we will contact you regarding your expression of interest to enrol.

Student name: _____

Date of birth: _____

Current year level: _____

When are you hoping to begin school: _____

Previous school: _____

Parent name: _____

Address: _____

Phone: _____ Mobile: _____

Any other information you would like us to know:

Post:

Mannum Community College
49-71 Walker Ave
Mannum SA 5238

Fax: (08) 8569 1082

E-mail: DL.1170_info@schools.sa.edu.au