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**Oaklands School**

Kindergarten

Sessions

|  |  |
| --- | --- |
| Pupil’s Full Name |  |
| Date of Birth |  | Term of Entrance |  |

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| --- |
| **LOWER KINDERGARTEN - Mornings/Full Days****Please tick the preferred sessions requested (this must be a minimum of 3 mornings)** |
| **Mornings****(Pick up at 12pm)** | **Mornings + Lunch****(Pick up at 1pm)** | **Full day****(Includes lunch and pick up at 3pm)** |
| Monday |  | Monday |  | Monday |  |
| Tuesday |  | Tuesday |  | Tuesday |  |
| Wednesday |  | Wednesday |  | Wednesday |  |
| Thursday |  | Thursday |  | Thursday |  |
| Friday |  | Friday |  | Friday |  |

|  |
| --- |
| **UPPER KINDERGARTEN - Mornings/Full Days****Please tick the preferred sessions requested (this must be a minimum of 5 sessions of which 3 must be mornings)** |
| **Mornings****(Pick up at 12pm)** | **Mornings + Lunch****(Pick up at 1pm)** | **Full day****(Includes lunch and pick up at 3pm)** |
| Monday |  | Monday |  | Monday |  |
| Tuesday |  | Tuesday |  | Tuesday |  |
| Wednesday |  | Wednesday |  | Wednesday |  |
| Thursday |  | Thursday |  | Thursday |  |
| Friday |  | Friday |  | Friday |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

**We aim to provide the sessions requested but this cannot be guaranteed if places are already full, and all sessions are subject to availability at the time.**

**Please return this form to the School Office.**