Dear Parents/Guardians,

Can you please provide us with the names of your child’s friends so we can take this information into consideration when establishing our Prep class groupings for 2016.

We will also have discussions with the local Kinder/Child Care teachers, as well as our observations during the Transition program to determine class groupings.

If there are any circumstances that need to be considered when placing your child, please include this information, or contact the school and speak to me directly.

Regards

Wendy Emin
Wendy Emin
Assistant Principal

Pre School Child’s Name: __________________________________________________________

Kinder/Day Care: ___________________________ Group/Colour: __________________________

“My Friends Are” (First Name & Surname) Kinder Group/Colour

1. __________________________________________ __________________________

2. __________________________________________ __________________________

3. __________________________________________ __________________________

4. __________________________________________ __________________________

5. __________________________________________ __________________________

Other information to take into consideration: __________________________________________

________________________________________________________________________

________________________________________________________________________

Parent/Guardian Name: __________________________________________________________

Contact Numbers: ______________________________________________________________

The School’s Contact Details are
Telephone 9397 5722 Facsimile 9397 1893 email williamstown.north.ps@edumail.vic.gov.au

Postal address: 133 Melbourne Road, Williamstown 3016