



Postal Address: PO Box 3012 North Mackay QLD 4740
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**Mackay North State
School**

READY SET GO

NAME OF CHILD _____

Date of Birth _____

PARENT/GUARDIAN NAMES

1. _____

2. _____

CONTACT DETAILS

Address: _____

Phone Number: _____

Email: _____

Name of adult attending with child _____

ALLERGIES _____

MEDICAL CONDITIONS _____

Are you considering Mackay North State School for your child's Prep year? _____

I am aware that a parent/guardian is required to attend the program with the child.

Parent/Guardian signature