



Crowstone Preparatory School

Foundation Unit Programme of Attendance

Please indicate below the programme of attendance you would like your child to follow:

Child's Name:

Term:

(Please circle)

MILK:	Yes	No
MONDAY:	A.M.	P.M.
TUESDAY:	A.M.	P.M.
WEDNESDAY:	A.M.	P.M.
THURSDAY:	A.M.	P.M.
FRIDAY:	A.M.	P.M.

Signature of Parent/Guardian/Carer:

Signature

Date:

Date
