EXPRESSION OF INTEREST

for New Plymouth Christian School

As part of gaining feedback following this evening's presentation and in order to plan effectively, please fill out the following form:

PARENT CONTACTS	Father Full Name	Mother Full Name	
Contact Email		Contact Phone Number	
CHILDREN	Names and Current Ye	ear Level	
	Names and Current Ye	ear Level	
CURRENT CHURCH	CUR	CURRENT SCHOOL	
Per child, I can afford the	following tuition fees per term:		
I am able to donate to ass	ist with the set-up and establish	ment of the New Plymouth Christian School:	
\$	(a tax deductible receipt will be	(a tax deductible receipt will be provided)	
I have further questions/co	omments:		

Thank you for your feedback, a team member will be in touch with you after the Information Evening







