



**SMALL SCHOOL**

## Membership Application Form - 2017

Name of school: \_\_\_\_\_

Contact person: \_\_\_\_\_ Position: \_\_\_\_\_

School Mailing address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Local government area: \_\_\_\_\_

Type of canteen management (please tick):  Parent Body  Principal-run  Leased

If canteen is leased: Name of Leasee: \_\_\_\_\_

Contact number: \_\_\_\_\_

Day/s of operation (please tick): Mon  Tue  Wed  Thurs  Fri

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### Declaration – Principal to complete:

I declare that \_\_\_\_\_ (insert school name and suburb) has \_\_\_\_\_ students enrolled for 2017.

\_\_\_\_\_  
Name of Principal

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Telephone Contact

\_\_\_\_\_  
Date

Please complete this form and email to [info@healthy-kids.com.au](mailto:info@healthy-kids.com.au), or  
fax to: 02 9876 1471  
mail to: Healthy Kids Association Suite 104, 16-18 Cambridge Street, EPPING NSW 2121