



**SMALL SCHOOL membership application form
(less than 100 students)**

Name of school:		
Contact person:	Position:	
School mailing address:		
Postcode:	Phone:	Fax:
Contact email:		
Local government area (if known):		

Type of canteen management (please circle): Parent body Principal-run Leased

If leased, please enter name of leasee:

Contact number:

Days of operation (please circle all that apply): Mon Tue Wed Thu Fri

Declaration – Principal to complete

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

Name of Principal:	Signature:
Phone:	Date:

After you've filled in your details, please either scan and email, fax or post this form to:
info@healthy-kids.com.au / 9876 1471 / HKA, Suite 1.02, 38 Oxley Street, St Leonards NSW 2065