

APPLICATION FOR ENROLMENT

PERSONAL DETAILS

PLEASE PRINT ALL DETAILS BELOW

Child's Surname	Given names	Date of birth / /	Sex (M / F)
PG1: Surname: Mother Or Guardian		Given name	Miss / Mrs / Ms
PG2: Surname: Father Or Guardian		Given name	Mr
Residential Address (must be completed)			Postcode
Email Address:			
Telephone – Home	Phone: Work	Mobile Phone No	
Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/>			
Is the child subject to access restriction? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/>			
<i>If yes to either question, please provide supporting documentation</i>			
Year level you are applying to have your child enrolled into:			
Start date: Beginning of school year 20 _____ YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, indicate start date:			
If applicable, name of school at which the child is currently or was last enrolled:			
Are there any siblings currently attending this school? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/>			
Names and year levels:			
PERMANENT RESIDENT OF AUSTRALIA? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/>			
If no, please indicate date entered Australia: _____ VISA SUB CLASS No: _____			
DISABILITY / MEDICAL CONDITION?			
This information will assist the school principal with considering whether any specific or additional resources are required and available to assist the school with providing the best educational program for your child. Please indicate (√)			
Physical YES <input type="checkbox"/> NO <input type="checkbox"/>	Intellectual YES <input type="checkbox"/> NO <input type="checkbox"/>	Other YES <input type="checkbox"/> NO <input type="checkbox"/>	Medical Condition YES <input type="checkbox"/> NO <input type="checkbox"/>
Please outline nature of disability/medical condition:			
I declare that the information provided on this form is true. <i>If applying for a kindergarten, I also declare that this is the ONLY application I have made.</i>			
Signature of parent/guardian _____ Date _____			
OFFICE USE ONLY			
Date received: _____			
Birth certificate sighted:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Visa sighted	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Family Court Order sighted	YES <input type="checkbox"/>	NO <input type="checkbox"/>	