



APPLICATION FOR ENROLMENT 2020

PERSONAL DETAILS PLEASE PRINT ALL DETAILS BELOW

Child's Surname	Given names	Date of birth / /	Sex (M / F)
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PG1: Surname: Mother Or Guardian	Given name	Miss / Mrs / Ms
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PG2: Surname: Father Or Guardian	Given name	Mr
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Residential Address (must be completed)	Postcode
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Email Address: _____

PG1 Phone	PG2 Phone
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Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child?
Please indicate (✓) YES NO

Year level you are applying to have your child enrolled into: _____

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 NO

Names and year levels: _____

PERMANENT RESIDENT OF AUSTRALIA? Please indicate (✓) YES NO

Please indicate date entered Australia (if applicable): _____ VISA SUB CLASS No: _____

Language other than English spoken at home: _____

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"/>
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Please outline nature of disability/medical condition:
I declare that the information provided on this form is true.

If applying for a kindergarten, I also declare that this is the **ONLY application I have made.*

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"/>
Proof of Address x 2 sighted	YES <input type="checkbox"/> NO <input type="checkbox"/>
Immunisation (AIR) sighted	YES <input type="checkbox"/> NO <input type="checkbox"/>