



APPLICATION FOR ENROLMENT 2021

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:							
PG1 Phone				PG2 Phone			
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"/>							
Year level you are applying to have your child enrolled into:				KINDERGARTEN 2021			
If applicable, name of school at which the child is currently or was last enrolled: N/A							
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"/>			
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"/>	
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 _____	
Do both Parents/Guardians consent to this application for enrolment at Grandis Primary School : YES <input type="checkbox"/> NO <input type="checkbox"/>							
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"/>	