

## 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  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"/>
--	--	---	---

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 \_\_\_\_\_

Do both Parents/Guardians consent to this application for enrolment at Grandis Primary School : YES  NO

**OFFICE USE ONLY**

Date received: _____	Birth certificate sighted: YES <input type="checkbox"/> NO <input type="checkbox"/>	Immunisation (AIR) statement YES <input type="checkbox"/> NO <input type="checkbox"/>
Visa sighted: YES <input type="checkbox"/> NO <input type="checkbox"/>	Proof of address x 2 YES <input type="checkbox"/> NO <input type="checkbox"/>	