

## APPLICATION FOR ENROLMENT KINDERGARTEN

### PERSONAL DETAILS

**PLEASE PRINT ALL DETAILS BELOW**

Student's Surname	Given names	Date of birth / /	Sex (M / F)
PG1: Surname: Relationship to student :		Given name	Miss / Mrs / Ms / Mr / Other
PG2: Surname: Relationship to student:		Given name	Miss / Mrs / Ms / Mr / Other
Residential Address of student (must be completed)			Postcode
PG1 Mobile:		PG2 Mobile:	
PG1 Email:		PG2 Email :	
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 2026**

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 (✓)      NO       YES   
 Name/s: \_\_\_\_\_  
 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.*

Name (Parent/Guardian) : \_\_\_\_\_

Signature : \_\_\_\_\_ 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  NO

Immunisation (AIR) Statement      YES  NO

Visa sighted      YES  NO

Proof of Address x2      YES  NO