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 ☐ NO ☐

Year level you are applying to have your child enrolled into: **KINDERGARTEN 2027**

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	Intellectual	Other	Medical Condition
YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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 ☐	Year Level checked	YES ☐
Visa sighted	YES ☐	NO ☐	Proof of Address x2	YES ☐	NO ☐		