



APPLICATION FOR ENROLMENT (Pre-Primary to Year 6)

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:			
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 <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.			
*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 <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"/>	