# APPLICATION FOR ENROLMENT KINDERGARTEN

| PERSONAL DETAILS | PLEASE PRINT ALL DETAILS BELOW | | |
|---|---|---|---|
| Student's Surname | Given names | Date of birth<br>/     / | Sex<br>(M / F) |

| | | | |
|---|---|---|---|
| **PG1**:Surname:<br>Relationship to student : | Given name | | Miss / Mrs / Ms /<br>Mr / Other |
| **PG2**:Surname:<br>Relationship to student: | Given name | | Miss / Mrs / Ms /<br>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 2025**

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 ☐ | | |
| Visa sighted | YES ☐  NO ☐ | Proof of Address x2 | YES ☐  NO ☐ | | |