



Date received: \_\_\_\_\_

Birth certificate sighted: YES  NO  N/A Immunisation Records sighted: YES  NO  N/A Visa sighted: YES  NO  N/A Family Court Order sighted: YES  NO  N/A Out of School Intake Area: YES  NO Proof of Residence: YES **APPLICATION FOR ENROLMENT 2023**

(Year )

|   |  |  |   |
|---|--|--|---|
| <b>1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)</b>   |  |  |   |
| Child's surname   | Given names  | Date of birth  | Sex (M / F)   |
| Does the student mainly speak English at home? YES [ ] NO [ ]<br>If no, what is the main language spoken at home?   |  |  |   |
| Surname of parent/guardian 1  | Given names  | Mr/Mrs/Ms/Other  |   |
| Relationship to the student   |  |  |   |
| Residential Address   |  |  | Postcode  |
| Telephone – Home  | Work (if convenient)   | Mobile   | Email Address   |
| Do you mainly speak English at home? YES [ ] NO [ ]<br>If no, what is the main language you speak at home?  |  |  |   |
| Surname of parent/guardian 2  | Given names  | Mr/Mrs/Ms/Other  |   |
| Relationship to the student   |  |  |   |
| Residential Address (if different from parent/guardian 1)   |  |  | Postcode  |
| Telephone – Home  | Work (if convenient)   | Mobile   |   |
| Do you mainly speak English at home? YES [ ] NO [ ]<br>If no, what is the main language you speak at home?  |  |  |   |
| Child lives with: Parent/Guardian 1 [ ] Parent/Guardian 2 [ ] Both Parents [ ] Neither Parent [ ]   |  |  |   |
| Order of Emergency Contacts:<br><i>Please indicate the order in which the above people should be contacted in the event of an emergency by placing a number in the brackets , (number 1 to 2):</i><br>Parent/Guardian 1 [ ] Parent/Guardian 2 [ ] |  |  |   |
| Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child?<br>Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, give details:                         |  |  |   |
| If applicable, year level child currently enrolled in (e.g. Year 2)   |  |  |   |
| 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:  |  |  |   |
| <b>2. PERMANENT RESIDENT OF AUSTRALIA?</b>  |  | Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/> |   |
| If no, please indicate date entered Australia: _____  |  | VISA SUB CLASS No: _____   |   |
| <b>3. DISABILITY/MEDICAL CONDITION?</b>   |  |  |   |
| 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<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  | Intellectual<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | Other<br>YES <input type="checkbox"/> NO <input type="checkbox"/>            | Medical Condition<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Please outline nature of disability/medical condition:  |  |  |   |
| <b>I declare that the information provided on this form is true. If applying for a Kindergarten place, I also declare that this is the ONLY application I have made.</b>  |  |  |   |
| Signature of parent/guardian _____  |  | Date _____   |   |

