

BOORAGOON PRIMARY SCHOOL



OFFICE USE ONLY

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 KINDERGARTEN 2024

1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)				
Child's surname		Given names		Date of birth
Does the student mainly speak English at home? YES [] NO [] 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 [] 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 [] 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: 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): 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? Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, give details:				
Are there any siblings currently attending this school? Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/> Names and year levels:				
2. PERMANENT RESIDENT OF AUSTRALIA? Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/> If no, please indicate date entered Australia: _____ VISA SUB CLASS No: _____				
3. DISABILITY/LEARNING DIFFICULTY/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 or pre-primary program, I also declare that this is the ONLY application I have made.				
Signature of parent/guardian _____ Date _____				