BOORAGOON PRIMARY SCHOOL



OFFICE USE ONLY Date received:			
Birth certificate sighted:	YES	NO \square	N/A
Immunisation Records sighted:	YES	NO \square	N/A
Visa sighted:	YES 🗆	NO \square	N/A
Family Court Order sighted:	YES 🗆	NO \square	N/A 🔲
Out of School Intake Area:	YES 🗆	NO \square	
Proof of Residence:	YES 🗆		

APPLICATION FOR ENROLMENT KINDERGARTEN 2024

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	S (PLEASE PRI	PRINT ALL DETAILS BELOW)					D (()	• 4	T 0 (14 (E)	
Child's surname		Given names D		Date of birth		Sex (M /F)				
Dogo the student mainly	oncol English at l	20002	VECT 1 NOT	1						
Does the student mainly speak English at home? YES[] NO[] If no, what is the main language spoken at home?										
Surname of parent/guard	• • •	Given	namas					Mr/Mrs/Ms/Other		
Surname of parent/guard	Jiaii i	Giveiri	lallies					IVII/IVIIS/IVIS/Other		
Relationship to the stude										
relationship to the stude	71 IL									
Residential Address								Postcod	<u> </u>	
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Telephone – Home	e – Home Work (if convenient) Mobile			Email Address						
Totophono Tiomo	Work (iii corroriii	onvenienty Wobile 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/guard		Given						Mr/Mrs/Ms/Other		
Relationship to the stude	ent	1								
•										
Residential Address (if d	lifferent from paren	nt/guardia	an 1)					Postcode		
•										
Telephone – Home		Work (if convenient)		N	/lobile		•		
Do you mainly speak En										
If no, what is the main la	nguage 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 , (numbe	er 1 to 2):									
Parent/Guardian 1 [
Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child?										
Please indicate (√) YES	I NO L	If yes, g	ive details:							
Are there any siblings currently attending this school? Please indicate (√) YES □ NO □										
Names and year levels:	mently attending ti	113 301100	л:	i icase iliui	cate (V)	1 = 0	, ப	NO L	•	
Trained and year levelo.										
2. PERMANENT RESIDENT OF AUSTRALIA? Please indicate (√) YES □						3 	NO 🗆			
If no, please indicate date entered Australia:VISA SUB CLASS No:										
If no, please indicate date entered Australia:VISA SUB CLASS No:										
3. DISABILITY/LEARN	ING DIFFICULTY/	MEDICA	L 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 ($$)										
Dharataat	l t	- 114 1		Oth				41:1		
Physical YES □ NO □	Intellectual Other ☐ YES ☐ NO ☐ YES ☐ NO ☐				IV	Medical Condition 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 or pre-primary program, I also										
declare that this is the ONLY application I have made.										
Circusture of neverther ending										
Signature of parent/guardian Date										