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 2025
(Year)

1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname	Given names	Date of birth	Sex (M /F)

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 ☐ NO ☐ 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 ☐ NO ☐
Names and year levels:

2. PERMANENT RESIDENT OF AUSTRALIA? Please indicate (√) YES ☐ NO ☐

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 ☐ NO ☐ Intellectual YES ☐ NO ☐ Other YES ☐ NO ☐ 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 place, I also declare that this is the ONLY application I have made.*

Signature of parent/guardian _____ Date _____