

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 2027**

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: <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> 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? Names and year levels:		Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 _____	