

OFFICE USE ONLY

Date received: _____

Year:: _____

Application:
accepted / not accepted**APPLICATION FOR ENROLMENT**

1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)											
Child's surname	Given names	Date of birth	Sex (M /F)								
Surname of parent/guardian	Given names	Mr/Mrs/Ms									
Residential Address (proof of address required)			Postcode								
Email Address			Postcode								
Telephone – Home	Work	Mobile Phone No									
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 applicable, year level child currently enrolled in (e.g. Year 6)											
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:											
** Is your child currently under suspension from a school? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> If yes, name of school:											
** Has your child ever been excluded from a school? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> If yes, name of school:											
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/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 (√) <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Physical</td> <td style="text-align: center;">Intellectual</td> <td style="text-align: center;">Other</td> <td style="text-align: center;">Medical Condition</td> </tr> <tr> <td style="text-align: center;">YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td style="text-align: center;">YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td style="text-align: center;">YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td style="text-align: center;">YES <input type="checkbox"/> NO <input type="checkbox"/></td> </tr> </table> Please outline nature of disability/medical condition: _____ _____				Physical	Intellectual	Other	Medical Condition	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Physical	Intellectual	Other	Medical Condition								
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>								
I declare that the information provided on this form is true. <i>If applying for a kindergarten, I also declare that this is the ONLY application I have made.</i>											
Signature of parent/guardian _____		Date _____									
Signature of parent/guardian _____		Date _____									
** These questions are unlikely to apply to kindergarten.											