

APPLICATION FOR ENROLMENT (CONFIDENTIAL)

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| 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 (must be completed) | | Postcode | |
| Nearest intersecting street | | | |
| Postal Address (if different from residential address) | | Postcode | |
| Email Address | | | |
| Telephone – Home | Work (if convenient) | 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 7) | | | |
| If applicable, name of school at which the child is currently or was last enrolled: | | | |
| Are you applying to enrol in a specialist program at this school? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> Name of specialist program: | | | |
| 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. Has your child been assessed by: Speech Therapist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Psychologist <input type="checkbox"/> Child Psychiatrist <input type="checkbox"/> Paediatrician <input type="checkbox"/> When was their last appointment : _____ When was the last assessment : _____ | | | |
| 4. 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 (√) | | | |
| 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. <i>If applying for a kindergarten or pre-primary program, I also declare that this is the ONLY application I have made.</i> | | | |
| Signature of parent/guardian _____ | | Date _____ | |
| Signature of parent/guardian _____ | | Date _____ | |
| Signature of parent/guardian _____ | | Date _____ | |
| (Please note: only one signature required – subsequent lines are for re-enrolment in Pre-primary) | | | |