

APPLICATION FOR ENROLMENT

Please tick the year you are applying to enrol your child into:

Year 7

Year 8

Year 9

Year 10

Year 11

Year 12

2021

2022

PERSONAL DETAILS			
Child's surname	Given names	Date of Birth	Sex M/F/Intersex /Indeterminate
Surname of parent/responsible person	Given names	Mr/Mrs/Ms	
Residential Address (must be completed)			Postcode
Postal Address (if different from residential address)			Postcode
Telephone – Home		Mobile Phone Number	
Work – If Convenient		Email	
<p>Are there any court orders regarding the day to day or long term care, welfare and development of the child? Please indicate v YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Is the child subject to access restrictions? If yes, please specify and attach supporting documentation. Please indicate v YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><i>(These documents must be provided to the school).</i></p>			
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 v	YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of specialist program:			
Are there any siblings currently attending this school?		Please indicate v	YES <input type="checkbox"/> NO <input type="checkbox"/>
Names and levels:			
Is your child currently under suspension from a school?		Please indicate v	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
If yes, name of school:			
PERMANENT RESIDENT OF AUSTRALIA?			Please indicate v YES <input type="checkbox"/>
NO <input type="checkbox"/>			
If no, please indicate date entered Australia: _____ VISA SUB CLASS No: _____			
DISABILITY / MEDICAL CONDITIONS?			
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 programme for your child. Please indicate v			
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.			
Signature of parent / responsible person: _____			Date: _____
Signature of parent / responsible person: _____			Date: _____