**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 □

**2024 □ 2025 □**

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| **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 competed) | Postcode |
| Postal Address (if different from residential address) | Postcode |
| Telephone – Home | Mobile Phone Number |
| Work – If Convenient | Email |
| Are there any court orders regarding the day to day or long-term care, welfare and development of the child?Please indicate √ YES □ NO □Is the child subject to access restrictions? If yes, please specify and attach supporting documentation.Please indicate √ YES □ NO □*(These documents must be provided to the school).* |
| Name of school at which the child is currently or was last enrolled: |
| Reason for Application: |
| Are you applying to enrol in a specialist program at this school? Please indicate √ YES □ NO □Name of specialist program: |
| Are there any siblings currently attending this school? Please indicate √ YES □ NO □Names and levels: |
| Is your child currently under suspension from a school? Please indicate √ YES □ NO □ N/A □If yes, name of school: |
| **PERMANENT RESIDENT OF AUSTRALIA?** Please indicate √ YES □ NO □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 √Physical Intellectual Other Medical ConditionYES □ NO □ YES □ NO □ YES □ NO □ YES □ NO □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:  |

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