

OFFICE USE ONLY

DATE RECEIVED: / /

BIRTH CERTIFICATE IMMUNISATION RECORD APPROVED BY PRINCIPAL YES NOPROOF OF ADDRESS OUT OF AREA APPLICATION YES NOFAMILY COURT ORDERS 

Halls Head

PRIMARY SCHOOL

KINDERGARTEN Application for Enrolment

PERSONAL DETAILS (Confidential)			
STUDENT'S SURNAME		FIRST NAME	
DATE OF BIRTH		SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PARENT/GUARDIAN/CARER SURNAME			
PARENT/GUARDIAN/CARER FIRST NAME		TITLE	
RESIDENTIAL ADDRESS			
NEAREST INTERSECTING STREET			
POSTAL ADDRESS (if different from residential address)			
HOME PHONE		WORK NUMBER	
MOBILE NUMBER			
ARE THERE ANY FAMILY COURT ORDERS REGARDING THE DAY TO DAY OR LONG TERM CARE, WELFARE AND DEVELOPMENT OF THE STUDENT?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF APPLICABLE, YEAR LEVEL CHILD CURRENTLY ENROLLED IN (eg Year 1) :			
IF APPLICABLE, NAME OF SCHOOL AT WHICH STUDENT IS CURRENTLY ENROLLED OR WAS LAST ENROLLED :			
ARE THERE ANY SIBLINGS CURRENTLY ATTENDING THIS SCHOOL?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Names and year levels of siblings :			
IS THE STUDENT CURRENTLY UNDER SUSPENSION FROM A SCHOOL?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes the name of the school the student is/was suspended from :			
HAS THE STUDENT EVER BEEN EXCLUDED FROM A SCHOOL?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes the name of the school the student was excluded from :			
IS THE STUDENT A PERMANENT RESIDENT OF AUSTRALIA?			
If NO please indicate date of entered Australia			

VISA Sub Class Number		VISA Grant Number	
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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 <input type="checkbox"/> YES <input type="checkbox"/> NO	INTELLECTUAL <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAL CONDITION <input type="checkbox"/> YES <input type="checkbox"/> NO
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Please outline the nature of disability/medical condition:

DECLARATION

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:	KINDERGARTEN		Date	__/__/__
Signature of parent/guardian:	PRE-PRIMARY		Date	__/__/__
Signature of parent/guardian:	YEAR 1 - 7		Date	__/__/__

Application for enrolment approved: YES NO

Signature of Principal: _____ Date: _____

