



# Department of EDUCATION

*\*\*Please read the general information sheet overleaf and submit to the school of your choice.*

OFFICE USE ONLY	
Date received:	_____
Birth certificate attached:	YES <input type="checkbox"/>
Immunisation Records attached:	YES <input type="checkbox"/>
Proof of residence attached	YES <input type="checkbox"/>
Copy of Lease Attached	YES <input type="checkbox"/>
Family Court Order attached:	YES <input type="checkbox"/>

**Please return this Application for Enrolment form along with copies of your child's birth certificate, immunisation records and proof of your address (most recent utilities' account ie: Synergy Energy or Alinta Gas – this is the only form of proof of residence we accept). If you are renting, please provide a copy of your lease agreement as well as a utilities account.**

## APPLICATION FOR ENROLMENT 2017

<b>1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)</b>			
Child's surname	Given names	Date of birth	Sex (M/F)
Parent /Guardian Name/s			
Mother _____		Father _____	
Child lives with	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Both Parents <input type="checkbox"/>
Is this student subject to any court orders in respect of their care, welfare and development? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES please attach supporting documentation.			
Mother Residential Address (must be completed) Rental Property <input type="checkbox"/> Yes (please attach copy of lease) <input type="checkbox"/> No			
Father Residential Address (must be completed) Rental Property <input type="checkbox"/> Yes (please attach copy of lease) <input type="checkbox"/> No			
Mother Telephone		Father Telephone	
Home _____ Mobile _____		Home _____ Mobile _____	
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 there any siblings currently attending this school? <input type="checkbox"/> Yes <input type="checkbox"/> No Names and year levels:			
** Is your child currently under suspension from a school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, name of school:			
** Has your child ever been excluded from a school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, name of school:			
<b>2. PERMANENT RESIDENT OF AUSTRALIA?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, please indicate date entered Australia: _____ VISA SUB CLASS No: _____			
<b>3. DISABILITY/MEDICAL CONDITION?</b>			
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.			
Physical	Intellectual	Other	Medical Condition
<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"/> Yes <input type="checkbox"/> No
Please outline nature of disability/medical condition:			
I declare that the information provided on this form is true. This is the ONLY application for enrolment I have made. I have attached PROOF of RESIDENCE in the form of a current utilities (power / gas) bill and a copy of my lease agreement (if required) and I declare that the address stated <u>is my child's usual place of residence.</u>			
Name of Parent/Guardian completing this form _____			
Signature of Parent/Guardian _____ Date _____			
** These questions are unlikely to apply to kindergarten and pre-primary children.			

