

PRE PRIMARY 2019

1 JULY 2013 TO 30 JUNE 2014

OFFICE USE ONLY

Date received: _____

Application: accepted / not accepted

APPLICATION FOR ENROLMENT (CONFIDENTIAL)

PRE PRIMARY 2019

SETTLERS PRIMARY SCHOOL

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 | | Estate | |
| Postal Address (if different from residential address) | | | Postcode |
| Telephone – Home | | Mobile Phone No | |
| Work (if convenient) | | Email | |
| 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"/> | | | |
| Will there be any brothers or sisters attending this school in 2019? Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/> Names and year levels: | | | |
| 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. 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. If applying for a kindergarten or pre-primary program, I also declare that this is the <u>ONLY</u> application I have made. | | | |
| Signature of parent/guardian _____ | | Date _____ | |
| Signature of parent/guardian _____ | | Date _____ | |
| Signature of parent/guardian _____ | | Date _____ | |

ENROLMENT REQUIREMENTS

Please provide the following with your application:

- Completed Application for Enrolment Form
- Proof of Residency in the form of:
 - Lease Agreement
 - Utilities Bill
 - Rates notice
- Birth Certificate
- Passport & Visa if born outside Australia
- Immunisation Records from ACIR. (Child Health Nurse book is no longer acceptable). For more information please visit humanservices.gov.au/onlineservices
- Any court orders relating to your child