

SOMERLY PRIMARY SCHOOL

APPLICATION FOR ENROLMENT

2020 KINDERGARTEN

1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)			
Child's surname	Given names	Date of birth	Sex (M / F)
Surname of parent/responsible person	Given names	Mr/Mrs/Ms	
Residential Address (must be completed)		Postcode	
Nearest intersecting street			
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"/>			
If applicable, year level child currently enrolled in (e.g. Year 3)			
If applicable, 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? Name of specialist program:		Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/>	
Will there be any brothers or sisters attending this school? Names and year levels:		Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/>	
** Is your child currently under suspension from a school? If yes, name of school:		Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
** Has your child ever been excluded from a school? If yes, name of school:		Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
Is your child of Aboriginal or Torres Strait Islander decent?		Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/>	
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: _____ (Please provide Visa Grant Notice)			
3. DOCUMENTS SUPPLIED:			
Birth Certificate YES <input type="checkbox"/> NO <input type="checkbox"/> Medicare Immunisation History Letter YES <input type="checkbox"/> NO <input type="checkbox"/>			
Proof of Address YES <input type="checkbox"/> NO <input type="checkbox"/> Passport: YES <input type="checkbox"/> NO <input type="checkbox"/>			
4. 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:			
<p>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.</p> <p>Name of Parent/Guardian: _____</p> <p>Signature of Parent/Guardian: _____ Date _____</p> <p>** These questions are unlikely to apply to kindergarten and pre-primary children.</p>			