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 ☐ NO ☐

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? **Please indicate (√) YES ☐ NO ☐**
Name of specialist program:

Will there be any brothers or sisters attending this school? **Please indicate (√) YES ☐ NO ☐**
Names and year levels:

****** Is your child currently under suspension from a school? **Please indicate (√) YES ☐ NO ☐ N/A ☐**
If yes, name of school:

****** Has your child ever been excluded from a school? **Please indicate (√) YES ☐ NO ☐ N/A ☐**
If yes, name of school:

Is your child of Aboriginal or Torres Strait Islander decent? **Please indicate (√) YES ☐ NO ☐**

2. PERMANENT RESIDENT OF AUSTRALIA? **Please indicate (√) YES ☐ NO ☐**

If no, please indicate date entered Australia:_____VISA SUB CLASS No:_____
(Please provide Visa Grant Notice)

3. DOCUMENTS SUPPLIED:
Birth Certificate YES ☐ NO ☐ **Medicare Immunisation History Letter** YES ☐ NO ☐
Proof of Address YES ☐ NO ☐ **Passport:** YES ☐ NO ☐

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	Intellectual	Other	Medical Condition
YES ☐ 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. *If applying for a kindergarten or pre-primary program, I also declare that this is the ONLY application I have made.*

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date _____

*** These questions are unlikely to apply to kindergarten and pre-primary children.*