

1. PERSONAL DETAILS (PLEASE PRIN	T ALL DETA	ILS BELO	OW)						
Child's surname				Date o	birth Sex (M /F)				
Surname of parent/responsible person	Given names			Mr/N	Mr/Mrs/Ms				
Residential Address (must be completed)					Pos	Postcode			
Nearest intersecting street									
Postal Address (if different from residential address)							trode		
Postal Address (II different from residential address)					105	Postcode			
Telephone – Home			Mobile Phone No						
Mark (if som conjunt)			F						
Work (if convenient) Email Are there any Femily Court Orders regarding the day to day or long term core, welfers and day lengther and day le									
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 □									
Flease illuicate (V) TES LI INO LI									
If applicable, year level child currently enrolled in (e.g. Year 7)									
If applicable, name of spheel at which the shild is surrently or was last awalled:									
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 so			Please indicate (√)	YFS	S \square	NO			
Name of specialist program:			r reads marcats (1)	,	_				
Will there be any brothers or sisters attending this school?			Please indicate $()$	YES	S 🗆	NO			
Names and year levels:									
** Is your child currently under suspension from a school? Plea			Please indicate (√)	YES	S \square	NO		N/A	П
If yes, name of school:			r loado maloato (1)	\	_	110	_	14//	
** Has your child ever been excluded from a school?			Please indicate $()$	YES	S 🗆	NO		N/A	
If yes, name of school:									
2. PERMANENT RESIDENT OF AUSTRALIA?			Please indicate (√)	YF!	s 🗆	NO			
2. TERMANENT RESIDENT OF AGOTTALIA.			r loado maloato (1)	\	_	110			
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	he best edu	cational p	rogram for your child.	Pleas	e indic	ate (√)			
Physical Intellectual Other						Madiaa	10	al:4: a.a	
Physical Intellectual YES □ NO □ YES □ NO □			YES NO D				Medical Condition YES □ NO □		
						120			
Please outline nature of disability/medical co	ndition:								
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.									
declare that this is the ONLY application I ha	ive made.								
Signature of parent/responsible person [Date	Date			
Cignature of naront/regnancible naron					D-4-	Data			
Signature of parent/responsible person					Date	Date			
Signature of parent/responsible person					Date				
** These questions are unlikely to apply to K	indergarten	and Pre₌r	orimary children						