

GLENELG PRIMARY SCHOOL

Diagonal Road Glenelg East SA 5045

T: 8295 3943



ENROLMENT REGISTER APPLICATION / ALTERNATIVE PLACEMENT

Student Personal Details

Family Name:
Given Names:
Preferred Name:

Date of Birth:

* Gender Male Female

What is the student's current school or kindergarten?
If overseas, nominate country. If interstate, nominate state.

What date are you seeking admission for?

What Year Level are you seeking admission for?

Biological Parent 1 or Legal Guardian 1 (Birth or Adoptive parent)

Mr/Mrs/Ms/Other:
Family Name:
Given Names:

Gender: Male Female

Relationship to student:

P/G1 Mobile Phone:

Biological Parent 2 or Legal Guardian 2 (Birth or Adoptive parent)

Mr/Mrs/Ms/Other:
Family Name:
Given Names:

Gender: Male Female

Relationship to student:

P/G2 Mobile Phone:

Family Details

Family Phone Number: Silent? No Yes

Family Email Address:

Current Student Address Details

Residential Address (of Parent/Guardian with whom student lives)

Address Line 1:
Address Line 2:
Suburb/Town:
Postcode: Country:

Has proof of Residence Documentation been provided? Yes No

Brothers and Sisters

Name	Sex	Date of Birth	Attends this School?
<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Information that may support your application

Resident in school zone since:

Distance from school:

Other:

Parent/Guardian Signatures

By signing this form you certify that all information given is true and accurate

Signature of Parent 1/Guardian 1

Date:

Signature of Parent 2/Guardian 2 (if applicable)

Date:

Date Received by school: