

# GLENELG PRIMARY SCHOOL

Diagonal Road Glenelg East SA 5045

T: 8295 3943



## ENROLMENT REGISTER APPLICATION

### Student Personal Details

Family Name \_\_\_\_\_

Given Names \_\_\_\_\_

Preferred Name \_\_\_\_\_

Date of Birth 

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 Gender: Female  Male

Country of birth \_\_\_\_\_ Visa sub-class (if applicable) \_\_\_\_\_

Does the child speak a language other than English at home?

English only  yes, language spoken at home is \_\_\_\_\_

Does the child identify as Aboriginal and/or Torres Strait Islander?  Yes  No

Is the child subject to a custody or guardianship order? Yes  No

*If yes, please provide a copy to the school.*

Does the child hold a personalised learning plan? (One Plan)  Yes  No

What is the student's current school or kindergarten?

*If overseas, nominate country. If interstate, nominate state.*

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What date are you seeking admission for?

\_\_\_\_\_

What year level are you seeking admission for?

\_\_\_\_\_

### Family Details

Parent/ Guardian 1

Family Name \_\_\_\_\_

Given Name/s \_\_\_\_\_

Mobile no. \_\_\_\_\_

Email \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Parent/ Guardian 2

Family Name \_\_\_\_\_

Given Name/s \_\_\_\_\_

Mobile no. \_\_\_\_\_

Email \_\_\_\_\_

Relationship to Child \_\_\_\_\_

### Current Student Address Details

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

Address Line 1:

Address Line 2:

Suburb/Town:

Postcode:

Country:


## Siblings

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"/>

## Information that may support your application

Resident in school zone since:

Distance from school:

Social or family links to the school:

Other:

## Parent/ Guardian Signatures

*I declare that the information provided in this Registration of Interest, is to the best of my knowledge, accurate and complete. I understand that any offer for enrolment following this process will be subject to consideration and acceptance of a completed school enrolment form.*

Signature of Parent 1/Guardian 1

Date:

Signature of Parent 2/Guardian 2

Date: