

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 *If yes, please provide school a copy*

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?

Parent / Guardian details (Birth, adoptive or legal guardian)

Parent/ Guardian 1 (Must be birth parent, adoptive parent or legal guardian / have court parenting order)

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: