Wandina Primary School
Year PP – Year 6 Enrolment

APPLICATION FOR ENROLMENT
(CONFIDENTIAL)

1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname	Given names	Date of birth	Sex: (M/F)
Surname of parent/guardian	Given names	Mr/Mrs/Ms	
Residential Address (must be completed)		Postcode	
Postal Address (if different from residential address)		Postcode	
Telephone – Home	Work (if convenient)	Mobile Phone No	
Email Address			
Aboriginal/Torres Strait Islander YES ☐ NO ☐	Language spoken other than English	Main language spoken at home	

Are there any Family Court Orders regarding the day to day or long-term care, welfare and development of the child? YES ☐ NO ☐
If yes, please provide copies of court orders.

Name of previous school and year currently enrolled:

Are there any siblings currently attending this school? YES ☐ NO ☐
Names and year levels:

Is your child currently under suspension from previous school? YES ☐ NO ☐

Has your child ever been excluded from a school? YES ☐ NO ☐

2. PERMANENT RESIDENT OF AUSTRALIA? YES ☐ NO ☐

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 the best educational program for your child. Please indicate (√)

Physical: YES ☐ NO ☐ **Intellectual:** YES ☐ NO ☐ **Medical Condition:** YES ☐ NO ☐

ADHD: YES ☐ NO ☐ **ASD:** YES ☐ NO ☐ **Other:** YES ☐ NO ☐

Please provide details of disability/medical condition:

Please indicate whether your child regularly sees the following specialists

OT/Speech: YES ☐ NO ☐ **Paediatrician:** YES ☐ NO ☐ **NDIS Support:** YES ☐ NO ☐

Other: YES ☐ NO ☐ If other, please specify:

I declare that the information provided on this form is true. *If applying for a Kindergarten program, I also declare that this is the ONLY application I have made.*

Signature of parent/guardian: Date: