



**COOLOONGUP PRIMARY
SCHOOL
AN INDEPENDENT PUBLIC
SCHOOL**

OFFICE USE ONLY	
Date received:	_____
Birth certificate sighted:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Visa sighted	YES <input type="checkbox"/> NO <input type="checkbox"/>
Family Court Order sighted	YES <input type="checkbox"/> NO <input type="checkbox"/>
Resides in Local Intake	YES <input type="checkbox"/> NO <input type="checkbox"/>
Application:	accepted / not accepted

APPLICATION FOR ENROLMENT (CONFIDENTIAL) KINDERGARTEN 2019

1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)			
Child's Surname	Legal or Previous Surname (<i>if different</i>)	Sex (M/F)	
Child's First Name	Child's Middle Name/s	Date of Birth	
Surname of parent/guardian	Given names	Mr/Mrs/Ms	
Residential Address (must be completed)			Postcode
Nearest intersecting street			
Postal Address (if different from residential address)			Postcode
Telephone – Home	Work (if convenient)	Mobile Phone No	
Is the student of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes Aboriginal Yes <input type="checkbox"/> Torres Strait Islander			
Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? (<i>if yes, please attached supporting documents</i>) Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/>			
Is this child subject to access restriction? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If applicable, year level child currently enrolled in (e.g. Year 7)			
If applicable, name of school at which the child is currently or was last enrolled:			
Are there any siblings currently attending this school? Names and year levels:		Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/>	
** Is your child currently under suspension from a school? If yes, name of school:		Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
** Has your child ever been excluded from a school? If yes, name of school:		Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
2. PERMANENT RESIDENT OF AUSTRALIA? Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>	Intellectual YES <input type="checkbox"/> NO <input type="checkbox"/>	Other YES <input type="checkbox"/> NO <input type="checkbox"/>	Medical Condition YES <input type="checkbox"/> NO <input type="checkbox"/>
Please outline nature of disability/medical condition: _____			
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. If an application has been found to have false or misleading information it will be cancelled or declined.			
Kindergarten:	Signature of parent/guardian _____	Date _____	
Pre-Primary:	Signature of parent/guardian _____	Date _____	
Primary:	Signature of parent/guardian _____	Date _____	
** These questions are unlikely to apply to kindergarten and pre-primary children.			