



GREENFIELDS PRIMARY SCHOOL

APPLICATION FOR ENROLMENT

OFFICE USE ONLY	
Date received:	
<input type="checkbox"/> Birth certificate/identity docs	
<input type="checkbox"/> Proof of address	
<input type="checkbox"/> IHS	
<input type="checkbox"/> Family court orders (if applicable)	
<input type="checkbox"/> Health/medical (if applicable)	
Accepted	<input type="checkbox"/> Yes <input type="checkbox"/> No

You must complete a separate enrolment application for each student. Submitting an application for enrolment does not guarantee you will receive a place at the school.

PERSONAL DETAILS

Student surname _____ Legal surname _____
(if different)

Given names _____

Date of birth ____/____/____ Gender Male Female Other

Parent surname _____ Parent first name _____

Residential address _____

Phone _____ Email _____

Year level enrolling in _____ Start date ____/____/____

If applicable, year level your child is currently enrolled in (e.g. Year 6) _____

If applicable, name of school at which your child is currently or was last enrolled _____

Are there any Family Court Orders regarding the day to day or long term care, welfare and development of your child? Yes No

Does your child have an Australian Immunisation Register (AIR) Immunisation History Statement? Yes No
If your application is accepted, you will be asked to provide an AIR Immunisation History Statement.

Will there be any brothers or sisters attending this school? Yes No

Name/s and year levels _____

Is your child currently under suspension from a school? Yes No
 If yes, name of school _____

Is your child a temporary resident? Yes No

If yes, Date entered Australia is born overseas ____/____/____

Visa Sub Class No. _____ Visa expiry date ____/____/____

Does your child have health or medical condition, disability or additional needs? Yes No

This information will assist the school principal in planning to provide the best educational program for your child. Please provide details: _____

DECLARATION

The information and statements provided in this application for enrolment are true and accurate in relation to:

Name of child _____

Mr / Mrs / Ms / Other Name of person enrolling child _____

Relationship to child _____

(Independent minors and those ages 18 years or older may apply on their own behalf)

Phone _____ Signature _____

Date ____/____/____

Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

DOCUMENTS TO BE PROVIDED

The school will advise you of any additional documentation required.

Checklist: Check the box to indicate documents you can provide to support this application.

- Birth certificate or extract or other identity documents
- Copies of Family Court or any other court orders (if applicable)
- Proof of address
- Immunisation History Statement (no older than 2 months)
- Information relating to suspensions
- Information relating to health or medical condition, disability or additional needs (if applicable)
- If your child is not a permanent resident of Australia, you must provide evidence of current visa subclass and previous visa subclass (if applicable, such as if current visa is a bridging visa)

OFFICE USE ONLY

Application for Enrolment approved Yes No

Name _____ Signature _____

(Principal/Delegate)

(Principal/Delegate)

Date ____/____/____