

TUART RISE PRIMARY SCHOOL

OFFICE USE ONLY

Date received: _____
IN LOCAL AREA YES NO
 Birth certificate sighted: YES NO
 Immunisation Statement YES NO
 Proof of Address provided YES NO
 Family Court Order sighted: YES NO
 Application: accepted / not accepted

APPLICATION FOR ENROLMENT (CONFIDENTIAL)

Year _____

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
Nearest intersecting street		Estate	
Postal Address (if different from residential address)			Postcode
Telephone – Home		Mobile Phone No	
Work (if convenient)		EMAIL:	
Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? Please indicate (√) 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:			
Will there be any brothers or sisters attending this school? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> Names and year levels:			
** Is your child currently under suspension from a school? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> If yes, name of school:			
** Has your child ever been excluded from a school? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> If yes, name of school:			

2. PERMANENT RESIDENT OF AUSTRALIA?

Please indicate (√) YES NO

If no, please indicate date entered Australia: _____ VISA SUB CLASS No: _____

If born in Australia, please name birth hospital/site: _____

Is either parent/guardian employed by the Australian Defence Force? Please indicate (√) YES NO

If so please indicate (√) Navy Army Air Force

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 Other YES NO Medical Condition YES NO

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.*

Signature of parent/guardian _____ Date _____

** These questions are unlikely to apply to kindergarten and pre-primary children.