



PLENTY PARKLANDS PRIMARY SCHOOL

Date received: / /
Number:
Administration use only

2022 YEAR 1-6 ENROLMENT EXPRESSION OF INTEREST FORM, (EOI) Form

Email your completed EOI to:

plenty.parklands.ps@education.vic.gov.au

Child's surname:	Child's first name:
Gender (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth date: ____ / ____ / ____
Older sibling/family attended/s PPPS: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name:
Residential address No. & street name:	
Suburb:	Postcode:
Parent contact name:	Email:
Telephone number:	Mobile:
Visa Sub Class number (if applicable)	Visa expiry date (if applicable)

PRE SCHOOL DETAILS

Current Year level:	
Name and Address of current School:	
School phone number:	Start date requested:

MEDICAL DETAILS

Does the child have any other medical condition/diagnosis? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:
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Does the child have any of the following impairments? (tick)
Hearing: <input type="checkbox"/> Yes <input type="checkbox"/> No Vision: <input type="checkbox"/> Yes <input type="checkbox"/> No Speech: <input type="checkbox"/> Yes <input type="checkbox"/> No Mobility: <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:

To enable a successful transition to school, please provide information about any support your child has received, or you are waiting for, this year, e.g. Aide, Psychological or Paediatric assessment : (tick)

Yes No If Yes, please elaborate:

Additional Notes

Please provide any additional information that may be relevant to your enrolment application. Do you have any concerns about your child's development which you would like to discuss with the school?

Thank you for taking the time to complete this form. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enrol your child at our school if a placement becomes available.

I certify that the information contained within this form is correct.
I give my consent for PPS to contact my child/children's Pre School.

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____