

PLENTY PARKLANDS PRIMARY SCHOOL

2020 YEARS 1 – 6 ENROLMENT EXPRESSION OF INTEREST FORM

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

PRE SCHOOL DETAILS

Name of Kindergarten:
Address of Kindergarten:

MEDICAL DETAILS

Does the child require additional assistance, such as an Aide to help them with their program? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:

Does the child suffer from 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

Does the child have any other medical condition? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:

ADDITIONAL NOTES

Please provide any additional information that may be relevant to your enrolment application:

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