



2024 Years 1 - 6

Interview Date/Time: _____

Application: accepted / not accepted

Form: _____ Teacher: _____

APPLICATION FOR ENROLMENT (CONFIDENTIAL)

School Year: _____

SETTLERS PRIMARY SCHOOL

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 | | |

Previous School/Daycare Centre (If applicable) :

Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? Please indicate (√) YES NO

Will there be any brothers or sisters attending this school in 2024? Please indicate (√) YES NO
 Names and year levels:

2. PERMANENT RESIDENT OF AUSTRALIA? Please indicate (√) YES NO

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 | Intellectual | Other | Medical Condition | Toileting Concerns |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |

If you have ticked YES to any of the above, please provide more information below:

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 _____

ENROLMENT REQUIREMENTS

Please provide the following with your application:

- Completed Application for Enrolment Form
- Proof of Residency in the form of:
 - Lease Agreement
 - Utilities Bill
 - Rates notice
- Birth Certificate
- Passport & Visa if born outside Australia
- Immunisation History Statement from ACIR. (Child Health Nurse baby book is no longer acceptable).
For more information please visit humanservices.gov.au/onlineservices
- Any court orders relating to your child

OFFICE USE ONLY

Date received: _____

Interview Date/Time: _____

Category: 1 2 3 4

Application: accepted / not accepted

Start Date: _____

Form: _____ Teacher: _____

Teacher Notified: YES NO

Birth Certificate Sighted: YES NO

Family Court Order Sighted: YES NO

Visa Sighted: YES NO

Immunisation Sighted: YES NO