



**PRE-PRIMARY 2025**  
1 JULY 2019 TO 30 JUNE 2020

Interview Date/Time: \_\_\_\_\_

Accepted / Not Accepted

Form: \_\_\_\_\_

Teacher: \_\_\_\_\_

**APPLICATION FOR ENROLMENT (CONFIDENTIAL)**

**SETTLERS PRIMARY SCHOOL**

<b>1. PERSONAL DETAILS</b> (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 <input type="checkbox"/> NO <input type="checkbox"/>			
Will there be any brothers or sisters attending this school in 2025? Please indicate (√ ) YES NO Names and year levels:			
<b>2. PERMANENT RESIDENT OF AUSTRALIA?</b> Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/>			
If no, please indicate date entered Australia: _____ VISA SUB CLASS No: _____			
<b>3. DISABILITY/MEDICAL CONDITION?</b> 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 <input type="checkbox"/> NO <input type="checkbox"/>	Intellectual YES <input type="checkbox"/> NO <input type="checkbox"/>	Other YES <input type="checkbox"/> NO <input type="checkbox"/>	Medical Condition YES <input type="checkbox"/> NO <input type="checkbox"/>
Toileting Concerns YES <input type="checkbox"/> NO <input type="checkbox"/>			
If you have ticked YES to any of the above, please provide more information below: _____ _____			
<b>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 <u>ONLY</u> application I have made.</b>			
Signature of Parent/Guardian _____			Date _____

# ENROLMENT REQUIREMENTS

*Applications will not be accepted without all supporting documents*

- 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 MyGov/ Medicare. (Child Health Nurse baby book is no longer acceptable). For more information please visit [humanservices.gov.au/onlineservices](https://humanservices.gov.au/onlineservices)
- Any court orders relating to your child