

**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 2026? Please indicate (√ ) YES NO<br>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><br>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<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   | Intellectual<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | Other<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | Medical Condition<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Toileting Concerns<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |  |   |   |
| If you have ticked YES to any of the above, please provide more information below:<br>_____<br>_____   |  |   |   |
| <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