



Hammond Park
PRIMARY SCHOOL

HAMMOND PARK PRIMARY SCHOOL

APPLICATION FOR ENROLMENT FORM

KINDY 2018

D.O.B. 1 July 2013 – 30 June 2014

1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)			
Child's surname	Given names	Date of birth	Sex (M /F)
Surname of parent/responsible person	Given names	Mr/Mrs/Ms	
Residential Address (must be completed)			Postcode
Nearest intersecting street			
Postal Address (if different from residential address)			Postcode
Telephone – Home	Mobile Phone No		
Work (if convenient)	Email		
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"/>			
If applicable, name of school at which the child is currently or was last enrolled:			
Are there any brothers or sisters attending this school? Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/> Names and year levels:			
2. WAS APPLICANT BORN IN AUSTRALIA Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/> If no, please indicate country of birth : _____			
PERMANENT RESIDENT OF AUSTRALIA? Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/> If no, please indicate date entered Australia: _____ VISA SUB CLASS No: _____ VISA EXPIRY DATE: _____			
LANGUAGE SPOKEN AT HOME? _____			
BACKGROUND LANGUAGE OTHER THAN ENGLISH? _____			
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 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"/>
Please outline nature of disability/medical condition:			
I declare that the information provided on this form is true. <u>If applying for a kindergarten or pre-primary program, I also declare that this is the ONLY application I have made.</u>			
Signature of parent/responsible person _____ Date _____			