

ENROLMENT ENQUIRY

2018

Please provide your child's two most recent school report and NAPLAN data along with this enquiry

Reports Requested Reports Received NAPLAN Data Received

DATE OF ENQUIRY	ENROLMENT FORM <input type="checkbox"/> DATE:	START DATE
-----------------	--	------------

STUDENT DETAILS

FIRST NAME:	SURNAME:
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	YEAR LEVEL: DATE OF BIRTH:
ASTHMA: <input type="checkbox"/> Yes <input type="checkbox"/> No	ALLERGIES: <input type="checkbox"/> Yes <input type="checkbox"/> No ANAPHYLAXIS: <input type="checkbox"/> Yes <input type="checkbox"/> No
IS THIS A RE-ENROLMENT ENQUIRY: <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, WHEN DID THE STUDENT EXIT NWS P-12:	
CURRENT SCHOOL OR KINDER:	
REASON FOR TRANSFERRING:	
CURRENTLY DISABILITY FUNDED: <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES WHAT IS DISABILITY:	
IS THE FAMILY / STUDENT INVOLVED WITH ANY SUPPORT SERVICES: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Example: WINDERMERE / HEADSPACE / DHS	
ADDRESS:	
PROOF OF ADDRESS (Please attach one of the following documents that is current and no more than two years old)	
ELECTRICITY <input type="checkbox"/>	COUNCIL RATES <input type="checkbox"/> LEASE OR RENTAL <input type="checkbox"/>

PLEASE COMPLETE FOR STUDENT NOT BORN IN AUSTRALIA

COUNTRY OF BIRTH :	AUSTRALIAN RESIDENT: PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/>
HOME LANGUAGE:	DATE OF ARRIVAL: VISA CODE:
OVERSEAS SCHOOL:	WAS THIS AN ENGLISH SCHOOL: <input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT / GUARDIAN (A) PARENT / GUARDIAN (B)

FIRST NAME:	FIRST NAME:
SURNAME:	SURNAME:
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:
WORK TELEPHONE NO:	WORK TELEPHONE NO:
HOME TELEPHONE NO:	HOME TELEPHONE NO:
MOBILE NO:	MOBILE NO:
EMAIL ADDRESS:	EMAIL ADDRESS:

OFFICE USE

MELWAY REF:	NEIGHBOURHOOD SCHOOL <input type="checkbox"/> Yes <input type="checkbox"/> No
NEW ARRIVAL NEVER ATTENDED AUSTRALIAN SCHOOL: <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, REFER TO ENGLISH LANGUAGE SCHOOL FOR ASSESSMENT- DATE REFERRED:	
CHECK VISA CODE FOR FEE PAYMENT OR EXEMPTION:	

APPLICATION RECEIVED BY:

INTERVIEWER'S NAME:	INTERVIEW DATE:	INTERVIEW TIME:
CHECK IF THE ADDRESS IS WITHIN THE ZONE <input type="checkbox"/> CHECK RESIDENCY STATUS <input type="checkbox"/> SUITABLE FOR ENROLMENT <input type="checkbox"/>		
LANGUAGE BACKGROUND OTHER THAN ENGLISH <input type="checkbox"/> INTREPRETER REQUIRED <input type="checkbox"/> SIBLINGS AT P-12 <input type="checkbox"/>		
CHECK PASSPORT/BIRTH CERTIFICATE/BIRTHDATE/YEAR LEVEL <input type="checkbox"/> FULL FEE PAYING STATUS REFER TO ISD <input type="checkbox"/>		
HAS THE STUDENT RECEIVED DISABILITY FUND <input type="checkbox"/>		

NOTES

