

# ENROLMENT ENQUIRY

2020

**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"/>	START DATE
DATE:		
<b>STUDENT DETAILS</b>		
<b>FIRST NAME:</b>		<b>SURNAME:</b>
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		
<b>Example:</b> WINDERMERE / HEADSPACE / DHS		
<b>ADDRESS:</b>		
<b>PROOF OF ADDRESS</b> (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"/>
<b>PLEASE COMPLETE FOR STUDENT NOT BORN IN AUSTRALIA</b>		
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	
<b>PARENT / GUARDIAN (A)</b>		<b>PARENT / GUARDIAN (B)</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:	
<b>OFFICE USE</b>		
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:		
<b>APPLICATION RECEIVED BY:</b>		
<b>INTERVIEWER'S NAME:</b>	<b>INTERVIEW DATE:</b>	<b>INTERVIEW TIME:</b>
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"/>		

