

# Application For Enrolment - Early Learning

Full name of student \_\_\_\_\_ Male / Female M  F

Date of birth \_\_\_\_\_ Copy of birth certificate attached Yes  No

Language spoken at home \_\_\_\_\_

Proposed year of entry into Early Learning Group \_\_\_\_\_ Number of days \_\_\_\_\_

Previous attendance at childcare centre \_\_\_\_\_

Mother's full name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

Father's full name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

Other contacts \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

2) \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

Name of student's doctor \_\_\_\_\_ Phone: \_\_\_\_\_

Immunisation Certificate. Yes  No

Any Additional Health or Personal concerns \_\_\_\_\_

\_\_\_\_\_

Enrolment Fee of \$ \_\_\_\_\_ Entrance Fee of \$ \_\_\_\_\_  
(for office use only)

Signed \_\_\_\_\_ Date \_\_\_\_\_

Names and ages of any other children in the family:

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

# Application For Enrolment - Prep to Year 6

Full name of student \_\_\_\_\_ Male/Female M  F

Date of birth \_\_\_\_\_ Copy of birth certificate attached Yes  No

Language spoken at home \_\_\_\_\_

Proposed year of entry into School \_\_\_\_\_ Year Level \_\_\_\_\_

Present Pre School / School \_\_\_\_\_

Mother's full name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

Father's full name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

Other contacts \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

2) \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

Name of student's doctor \_\_\_\_\_ Phone: \_\_\_\_\_

Immunisation Certificate. Yes  No

Any Additional Health or Personal concerns \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Enrolment Fee of \$ \_\_\_\_\_ Entrance Fee of \$ \_\_\_\_\_  
(for office use only)

Signed \_\_\_\_\_ Date \_\_\_\_\_

Names and ages of any other children in the family:

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_