

EXPRESSION OF INTEREST

ENROLMENT AT SOLDIERS POINT

DATE OF ENROLMENT: _____ 20 ____ K 1 2 3 4 5 6
(CIRCLE ONE)

STUDENT'S FULL NAME: _____

DATE OF BIRTH: _____ MALE/FEMALE (please circle)

NAME OF PREVIOUS SCHOOL: _____

PARENT/GUARDIAN NAME(S): _____

ADDRESS: _____

ARE YOU IN AREA? YES NO

DAYTIME TELEPHONE CONTACT: _____

NAME OF OTHER SIBLINGS CURRENTLY ENROLLED IN ANY NSW SCHOOL: _____

DATE OF BIRTH: _____

Please answer the following questions to help us to integrate you child into our school:

- | | | |
|---|-----|----|
| 1. Are you (parent) an Australian Citizen (proof required) | YES | NO |
| <i>If not, please provide Passport and Visa to the office when submitting this form.</i> | | |
| 2. Are you an Australian Defence Force Family? | YES | NO |
| 3. Is your child Asthmatic? | YES | NO |
| 4. Will your child require regular medication at school | YES | NO |
| 5. Will your child require assistance at school for any special needs? | YES | NO |
| 6. Are there any child custody matters the school needs to be aware of? | YES | NO |
| 7. Is there any other issue you feel the school to be aware of? | YES | NO |

Please provide details below:

If you wish to apply for Out of Area enrolment please complete the section overleaf.

Please note: Proof of Residence must be shown when lodging this form (eg. Electricity Account, Lease Agreement)

Reason for application:

Office use only

Date Received _____

Decision _____

Parent Informed on: _____