



7KH LQIRUPDWLRQ UHTXHVWHG LQ WKLV IRUP LV UHTXLUHG IRU HQUROPHQW S
VXSSRUW WKH HGXFDWLRQDO QHHGV RI VWXGHQWV

7KLV IRUP KRXOG EH FRPSOHWHG E\ SDUHQWV RU FDUHUV ZKR DUH UHVSRQVLE
UHVSRQVLELOLW\ RI WKH SHUVRQ FRPSOHWLQJ WKLV IRUP WR FRQVXOW ZLWK
HQUROPHQW SURFHVV 3DUHQWV RU FDUHUV FDQ FR VLJQ WKH VDPH IRUP RU FR
XQDEOH WR EH VKDUHG EHWZHHQ WKHP

, I UHTXLUHG LQIRUPDWLRQ LV QRW SURYLGHG RU WKHUH LV D GLVXWH EHWZHH
SULQFLSDO LV UHTXLUHG WR FRQVLGHU WKH VWXGHQW V HGXFDWLRQ DQG ZH
HQUROPHQW

2QO\ RQH HQUROPHQW IRUP VKRXOG EH VXEPLWWHG SHU VWXGHQW \% FRPSO
DFHHSWLQJ D SODFH IRU \RXU FKLOG DW WKH K-12 LEVEL. IF YOU ARE A WORKER FOR

\$OO VFRROV \$XVWUDOLD DUH HISHFWHG WR FROOHFW WKH DUH DLVNRG PDWID
UHTXLUHPHQW RI WKH &RPPRQZHDWK *RYHUQPHQW WR PHHW GDWD FROOHFW
\$XVWUDOLDQ (GXFDFWLRQ 5HJXODWLRQV

678'(17 '(7\$, /6

Surname:

First *LY Name:

Second *LY Name: (if applicable)

Preferred First Name: (if applicable)

Gender: ODOH)HPDOH 6HOI GHVFULEHG BBBBBB, BBBBBBBBBBBBBBBBBBBBBBBBBB

Date of Birth: (dd-mm-yyyy) Student Mobile Number: (if applicable)

Which year are you seeking to enrol this student?
...Foundation ...1 ...2 ...3 ...4 ...5 ...6 ...7 ...8 ...9 ...

If No, provide details for other schools:				
Other school Name:		Days / week:	Has enrolment been accepted?	...Yes ..No
Other school Name:		Days / week:	Has enrolment been accepted?	...Yes ..No

Student's Permanent

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Student Demographics

Does the student speak English?	...Yes	...No
TM		

Has the student had a disability assessment before?

No

Yes (specify outcome): _____ B B B B B B B B B B B B B B B B _____

Has the student received individualised disability funding before?

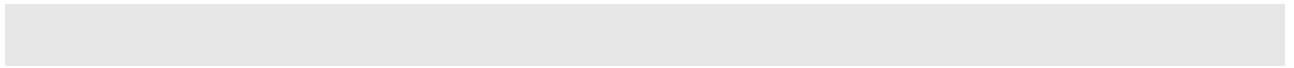
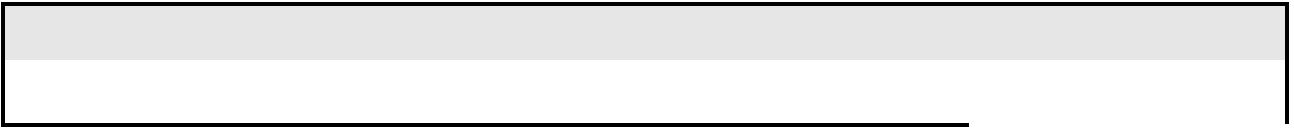
...No

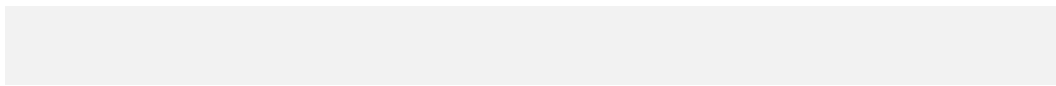
...Yes (please specify): _____ B B B B B B B B B B B B B B B B _____

Has any previous education provider prepared a documented plan to support the students additional learning needs?

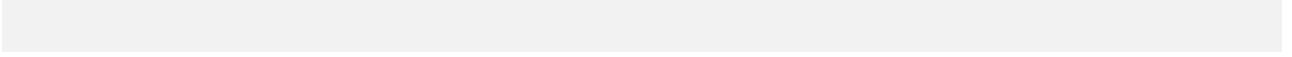
...No

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STUDENT S



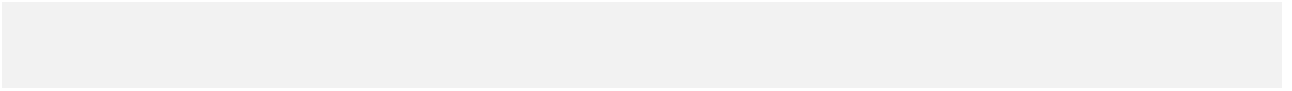
STUDENT TRAVEL DETAILS

How will the stude

OFFICE USE ONLY

Can the student Individual Education Plan (IEP) include travel training?

3ULYDF\ 6WDWHPHQW



ATTACHMENT – PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. Please indicate your current occupation –

ATTACHMENT – ADDITIONAL PARENT/CARER DETAILS

Enrolling Adult

Surname:		Title:
First Name:		
* HQGHU		ODOH)HPDOH 6HOI GHVFULEHG BBBBBBBBBBBBBBBBBB

No. & Street \$ GGUHVV:	
Suburb:	
State:	Postcode:
Preferred language of notices:	
Mobile:	Work Phone:
Home Phone:	Email:

Can we contact Adult during school hours?	...Yes	...No
Is Adult usually home during school hours?	...Yes	...No
SMS Notifications:	...Yes	...No
Email Notifications:	...Yes	...No
Adult's preferred method of contact: (Email shall be used for communication that cannot be sent via phone)		
..Mobile	..Email	Mail
..Home Phone	: R U N 3 K R Q H	
Specify any other special conditions or times related to contact?		

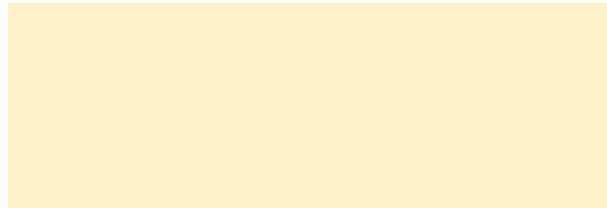
6 W X G E Q Y L W S I X O W
 \$ O Z D \ V 0 R V W O \ % D O D Q F H G
 2 F F D V L R Q D O O \ H Y H U

Adult Job Title:
Adult Employer:

Is Adult interested in being involved in school

Relationship to student:		
..Parent	..Step Parent	Foster Parent
..Host Family	..Relative	..Friend
..Self	..Other: BBBBBBBBBBBBBBBBBB	

In which country was Adult born?	
..Australia	
..Other (please specify): _____ BBBBBBBB	
TM Does Adult speak a language other than English at home?	
..No, English only	
..Yes (please specify): _____	
Please indicate any additional languages spoken by Adult :	
Is an interpreter required? ...Yes ...No	



6 W X G E D Y Z L V \$ I G X O W

