



TAPPING PRIMARY SCHOOL

Creating Opportunities

APPLICATION FOR ENROLMENT 20 ____

YEAR P 1 2 3 4 5 6
(Circle)

Out of Area

OFFICE USE ONLY

Date received: _____

Birth certificate sighted: YES NO

Visa sighted: (If required) YES NO

Family Court Order sighted: YES NO

Form: _____ Faction: _____

REPEATING

Application: accepted / not accepted

1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname	Given names	Date of birth	Sex (M/F)
Surname of parent/guardian	Given names	Mr/Mrs/Ms	
Residential Address (must be completed)			Postcode
Email Address (must be completed)			
Postal Address (if different from residential address)			Postcode
Telephone – Home	Work (if convenient)	Mobile Phone No	
Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/>			
If applicable, year level child currently enrolled in (e.g. Year 6)			
If applicable, name of school at which the child is currently or was last enrolled:			
Are there any siblings attending or enrolling in this school? Names and year levels:		Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/>	
** Is your child currently under suspension from a school? If yes, name of school:		Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
** Has your child ever been excluded from a school? If yes, name of school:		Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	

2. PERMANENT RESIDENT OF AUSTRALIA?

Please indicate (√) YES NO

If no, please indicate date entered Australia: _____ VISA SUB CLASS No: _____

3. DISABILITY/MEDICAL CONDITION?

This information will assist the school principal with considering whether any specific or additional resources are required and available to assist the school with providing the best educational program for your child. Please indicate (√)

Physical YES <input type="checkbox"/> NO <input type="checkbox"/>	Intellectual YES <input type="checkbox"/> NO <input type="checkbox"/>	Other YES <input type="checkbox"/> NO <input type="checkbox"/>	Medical Condition YES <input type="checkbox"/> NO <input type="checkbox"/>
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Please outline nature of disability/medical condition:

I declare that the information provided on this form is true.

Signature of parent/guardian _____ Date _____

Signature of parent/guardian _____ Date _____

** These questions are unlikely to apply to pre-primary children