



Plenty Parklands  
Primary

# PLENTY PARKLANDS PRIMARY SCHOOL ENROLMENT ENQUIRY

Completed form to be either returned to the school office or emailed to  
[plenty.parklands.ps@education.vic.gov.au](mailto:plenty.parklands.ps@education.vic.gov.au)

Child's surname:	Child's first name:
Gender (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> .....	Birth date:    ____ / ____ / ____
Older sibling attended/s PPPS: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name:
Residential address No. & street name:	
Suburb:	Postcode:
Parent contact name:	Email:
Telephone number:	Mobile:
Visa Sub Class number (if applicable)	Visa expiry date (if applicable)

## CURRENT SCHOOL / PRE SCHOOL (KINDERGARTEN)

Current School / Pre School (Kindergarten) attending:	
Address of School / Pre School (Kindergarten):	
Pre School / Kindergarten Group Name:	Teacher's Name:
Current year level:	
Date of enrolment at PPPS:	Into which year level is the student enrolling?

## MEDICAL DETAILS

Does the child have any of the following impairments? (tick)			
Hearing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Vision: <input type="checkbox"/> Yes <input type="checkbox"/> No	Speech: <input type="checkbox"/> Yes <input type="checkbox"/> No	Mobility: <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:			

Does the child have any other medical condition/diagnosis? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please specify:

To enable a successful transition to our school, please provide information about any support your child has received, or you are waiting for, this year, e.g. Aide / KISS funding, Preschool Field Officer guidance, NDIS funding, Occupational therapy, Psychological or Paediatric assessment; (tick)  Yes  No  
If yes, please elaborate:

### ADDITIONAL NOTES

Please provide any additional information that may be relevant to your enrolment application. Do you have any concerns about your child's development which you would like to discuss with the school?

I certify that the information contained within this form is correct.  
I give my consent for PPPS to contact my child/children's Pre School / School.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Thank you for taking the time to complete this form. We understand that the information you have provided is confidential and will be treated as such.

**Office use only**

School Tour attended:	Yes	No	Date:	_____
Enrolment pack collected:	Yes	No	Date:	_____
Enrolment pack returned:	Yes	No	Date:	_____
Address in enrolment zone:	Yes	No		