



PLENTY PARKLANDS PRIMARY SCHOOL

2017 year 1 to 6 ENROLMENT

EXPRESSION OF INTEREST FORM

Child's surname:	Child's first name:
Gender (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date: ____ / ____ / ____
Residential address No. & street name:	
Suburb:	Postcode:
Parent contact name:	
Telephone number:	Mobile:

DETAILS OF PREVIOUS SCHOOL

Name of previous school:
Year level:
Address of previous school

MEDICAL DETAILS

Does the child require additional assistance, such as an Aide to help them with their program? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:

Does the child suffer from 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

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

ADDITIONAL NOTES

Please indicate why you are seeking a move from the previous school.
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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, but the details are required to enable staff to properly enrol your child at our school if a placement becomes available.

I certify that the information contained within this form is correct.	
Signature of Parent/Guardian: _____	Date: ____ / ____ / ____