Two Rocks Primary School An Independent Public School



APPLICATION FOR ENROLMENT		
Child's surname		
Legal surname (if different)		
Given names		
Date of birth (dd/mm/yy)	/ Gender Male Female Not Specified	
Parent Surname		
Parent First Name	Title Mr Mrs Ms Other	
Residential Address (must be completed)	Postcode	
Postal Address (if different		
from residential address)		
	Postcode	
Telephone (Home)	Telephone (Work) (If convenient)	
Mobile Phone No.	Email	
Year Level enrolling in	Start date: / /	
If applicable, year level your child is currently enrolled in (e.g. Year 6)		
If applicable, name of school at which your child is currently or was last enrolled		
Are there any Family Court Orders regarding the day to day or long term care, welfare and development of your child?		
YES NO		
Does your child have an Australian Immunisation Register (AIR) Immunisation History Statement?		
YES NO		
If your application is accepted, you will be asked to provide an Australian Immunisation Register (AIR) Immunisation History Statement that is		
not more than two months old.		
Will there be any brothers or sist	ters attending this school?	
Name/s and year levels		
Is your child currently under suspension from a school? YES NO		
If yes, name of school		
Does your child have health or medical condition, disability or additional needs? YES NO		
This information will assist the school principal in planning to provide the best educational program for your child. Please provide details:		

DECLARATION		
The information and statements p	rovided in this application for enrolment are true and accurate in relation to:	
Name of person enrolling child		
Title	Mr Mrs Ms Other	
Relationship to child		
(Independent minors and those aged 18 years or older may apply on their own behalf)		
Telephone (Home)	Telephone (Work)	
Mobile Phone No.		
Signature	Date / /	
If you are completing this form information is true and correct	n online and are unable to sign this form please check this box to confirm the above	
Note: In the event that statements mad may need to be checked by the school.	le in this application later prove to be false or misleading this application may be declined. Information supplied	
DOCUMENTS TO BE	PROVIDED	
The school will advise you of any a	dditional documentation required.	
Checklist: Check the box		
1. Birth Certificate or extract or other identity documents		
2. Immunisation History Statement (Dated within 2 months)		
3. Copies of Family Court or any other court orders (if applicable)		
4. Information relating to suspensions		
5. Information relating to health or medical condition, disability or additional needs (if applicable)		
6. If your child is not a permanent resident of Australia, you must provide evidence of current visa subclass and previous visa subclass (if applicable, such as if current visa is a bridging visa)		
Please provide any other relevant information.		
OFFICE USE ONLY		
Documents provided:		
Birth Certificate or extract or other	identity documents YES NO	
Copies of Family Court or any other court orders YES NO		
Immunisation History Statement YES NO		
Information relating to suspensions YES NO		
Information relating to health or medical condition, disability or additional needs YES NO		
Date application received	/ Year Level	
Principal's approval	Application for Enrolment approved YES NO	
Name		
Signature of principal/delegate	Date / /	