



WONTHAGGI PRIMARY SCHOOL NO. 3650

INITIAL ENROLMENT FORM 2017

SURNAME: _____

GIVEN NAMES IN FULL: _____

DATE OF BIRTH: _____ MALE FEMALE

ADDRESS: _____

POST CODE: _____ TELEPHONE: _____

COUNTRY OF BIRTH: _____ CHILD: _____

FATHER: _____ MOTHER: _____

LANGUAGE SPOKEN AT HOME: _____

PREVIOUSLY ENROLLED AT WONTHAGGI PRIMARY SCHOOL? YES / NO

SIBLINGS ENROLLED AT WONTHAGGI PRIMARY SCHOOL (PAST OR PRESENT) YES / NO

If YES, please note their names: _____

SCHOOL/KINDERGARTEN LAST ATTENDED: _____

REASON FOR TRANSFERRING: _____

GRADE AT FORMER SCHOOL (if applicable): _____

Please describe any medical disability for which your child needs special consideration: _____

NAME(S) OF PARENT(S) OR GUARDIAN(S) WITH WHOM THE CHILD LIVES:

Mr/Mrs/Ms _____ OCCUPATION: _____

Mr/Mrs/Ms _____ OCCUPATION: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

DATE: _____

ENROLMENT WILL BE CONFIRMED ONLY AFTER AN INTERVIEW & SCHOOL TOUR HAS BEEN COMPLETED BY EITHER OUR PRINCIPAL OR ASSISTANT PRINCIPAL.

For Prep enrolments, an Immunisation Certificate, and proof of date of birth (eg. Extract of Birth Entry, Passport must be provided.

OFFICE USE ONLY

PROOF OF AGE: _____ IMMUNISATION: _____

REGISTER NUMBER: _____ ADMISSION DATE: _____ GRADE: _____