



# WONTHAGGI PRIMARY SCHOOL NO. 3650

## INITIAL ENROLMENT FORM 2019

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: \_\_\_\_\_