



WONTHAGGI PRIMARY SCHOOL NO. 3650

INITIAL ENROLMENT FORM 2022

SURNAME: _____

GIVEN NAMES IN FULL: _____

DATE OF BIRTH: _____ MALE FEMALE

ADDRESS: _____

POST CODE: _____ TELEPHONE: _____

EMAIL ADDRESS: _____

COUNTRY OF BIRTH: CHILD: _____

COUNTRY OF BIRTH: 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: _____

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

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

OFFICE USE ONLY

PROOF OF AGE: _____ IMMUNISATION: _____

REGISTER NUMBER: _____ ADMISSION DATE: _____ GRADE: _____