WONTHAGGI PRIMARY SCHOOL NO. 3650

ENROLMENT APPLICATION FORM 2024

SURNAME: _____

GIVEN NAMES IN FULL: _____

DATE OF BIRTH: _____ **MALE** □ **FEMALE** □ **(fill in blank)** □ _____

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 PRINIPAL.

OFFICE USE ONLY

PROOF OF AGE: _____ **IMMUNISATION:** _____

REGISTER NUMBER: _____ **ADMISSION DATE:** _____ **GRADE:** _____