



APPLICATION FOR SCHOOL ENROLMENT

A: STUDENT INFORMATION

Parent/Guardian's Name: _____	Relationship to Student: _____
Student Family Name: _____	Date of Birth: _____
Student Given Names: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address: _____	Present School: _____
	Present Yr/Grade (K-6): _____
Home Phone: _____	Mobile Phone _____
Work Phone: _____	Email Address _____

If your application is successful and to assist us with our planning, please tick appropriate boxes:

Does your child have a history of violent behaviour ☐

Has your child ever been suspended or expelled from a previous school ☐

Please indicate if the student has any of the following:

Autism <input type="checkbox"/>	Intellectual Disability <input type="checkbox"/>
Physical Disability <input type="checkbox"/>	Language Disorder <input type="checkbox"/>
Behaviour Disorder <input type="checkbox"/>	Mental Health Disorder <input type="checkbox"/>
Vision Impairment <input type="checkbox"/>	Difficulties in Learning <input type="checkbox"/>
Hearing Impairment <input type="checkbox"/>	

School Use Only

Date Received: _____ Place Available? _____ Parent Advised on: _____

Notes: _____

Forward this form to the Principal Tuggerah Public School