

## ENROLLING STUDENT'S DETAILS

## ADDITIONAL CHILD

SURNAME

GIVEN NAMES

PREFERRED NAME

DATE OF BIRTH

(Birth certificate required)

D	D	M	M	Y	Y	Y	Y
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GENDER  
(Please tick)

M	F
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COUNTRY OF BIRTH

(Proof of residency required)

NATIONALITY

LANGUAGE/S SPOKEN  
AT HOME?

CURRENT SCHOOL

(If applicable)

YEAR LEVEL

ABORIGINAL OR  
TORRES STRAIT ISLANDER  
DESCENT? (Please tick)

NO	ABORIGINAL	TORRES STRAIT ISLANDER
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## COMMENCEMENT

ACADEMIC YEAR

(Please tick)

PRE (3YR)	PREP (4YR)	K	1	2
3	4	5	6	7
8	9	10	11	12

CALENDAR YEAR

2	0	Y	Y
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SCHOOL TERM

(Please tick)

1	2	3	4
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## PRESCHOOL/PREPARATORY OPTIONS (If applicable)

PREFERRED DAYS

(Please tick)

MON	TUE	WED	THU	FRI
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DROP OFF TIME

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PICK UP TIME

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The Early Learning Centre operates school term time and is also available through the April, July, October, and part of the December/January school vacation periods.

The days and times nominated on this form are an indication only and will be confirmed prior to enrolment.

## SPECIAL NEEDS AND CONSIDERATIONS

PLEASE LIST MEDICAL CONDITIONS OR SPECIAL CONSIDERATIONS AND INCLUDE REPORTS WHERE POSSIBLE.  
(EG SPECIAL GIFTS OR TALENTS, SPEECH PATHOLOGY, PSYCHOLOGIST, ASTHMA, ALLERGIES, ADHD, DIABETES ETC)
