



Prep Year: _____ Primary Year Level: _____
Office use only: EMP <input type="checkbox"/> DOB <input type="checkbox"/> Enrolment Form <input type="checkbox"/> Roll Class: _____

EXPRESSION OF INTEREST - ENROLMENT - Year _____ Year level _____

CONTACT DETAILS

Student's Name: _____

Date of Birth: _____

Home address: _____

Siblings: _____

Parent/Guardian 1

<i>Name</i>	<i>Home Address</i>	<i>Telephone Nos.</i>	<i>Relationship [Please tick]</i>
		<i>Home:</i>	<i>Mother:</i>
		<i>Work:</i>	<i>Father:</i>
		<i>Mobile:</i>	<i>Other:[Please specify]</i>
Email address:			

Parent/Guardian 2

<i>Name</i>	<i>Home Address</i>	<i>Telephone Nos.</i>	<i>Relationship [Please tick]</i>
		<i>Home:</i>	<i>Mother:</i>
		<i>Work:</i>	<i>Father:</i>
		<i>Mobile:</i>	<i>Other:[Please specify]</i>
Email address:			

Please note: Proof of your current residential address will need to be provided, as this school has an Enrolment Management Plan. Please ask us about this plan. You will be contacted prior to commencing the new school year to complete an enrolment form.

If commencing schooling for the first time, you will also be required to produce the original Birth Certificate or a certified copy so that the Date of Birth can be validated.

Parent / Guardian signature: _____ **Dated:** _____

We thank you for your cooperation in this matter.

The Principal
Petrie Terrace State School