



QUAKERS HILL PUBLIC SCHOOL

APPLICATION FOR IN AREA OR IN AREA SIBLING ENROLMENT

STUDENT INFORMATION	
Family Name:	Date of Birth:
Given Names:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:	Home Phone:
	Mobile Phone:
Residential Status: Owner Occupied <input type="checkbox"/> Renting <input type="checkbox"/> Sharing <input type="checkbox"/>	Best Daytime Contact:
Parent/Carer Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Family Name: Given Name:	Relationship to student:
New Kindergarten Enrolment - please provide preschool if applicable Preschool Name: Preschool Address:	
Students Transferring from another School Present School:	Present Grade (K-6):
Does this student have a brother or sister currently enrolled in a NSW school? Yes / No If yes, which school: Please provide the details of the most recently enrolled brother or sister: Male <input type="checkbox"/> Female <input type="checkbox"/> Name : Date of birth:	
Parent/Carer Signature:	Date:

SCHOOL USE ONLY	
Date received:	SRN:
Place available: <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent advised on:

Notes:

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APPLICATION FOR LOCAL ENROLMENT

- Parent has advised Quakers Hill Public School administration of any medical condition concerning the student;

Eg: anaphylactic, epileptic, diabetes, asthma etc _____

- Parent has provided the Principal with documents and/or information of any disability concerning the student.

Eg: autism, speech difficulties, occupational therapy, etc _____

- Parent provided with an information pack.

Notes continued: