

# ENROLMENT REGISTER APPLICATION

STRADBROKE SCHOOL

+61 8 8337 2861 📞

[dl.0923.enrolments@schools.sa.edu.au](mailto:dl.0923.enrolments@schools.sa.edu.au) ✉️

73 Koonga Ave, Rostrevor 🏠



## STUDENT INFORMATION

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Country of Birth: \_\_\_\_\_ Visa Type (if applicable) \_\_\_\_\_

Home Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Previous Kindergarten, School or Childcare: \_\_\_\_\_

Names of brothers or sisters currently attending Stradbroke School:

Name: \_\_\_\_\_ Current Year Level: \_\_\_\_\_

Name: \_\_\_\_\_ Current Year Level: \_\_\_\_\_

Name: \_\_\_\_\_ Current Year Level: \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION (PG1)

Parent / Guardian Name: \_\_\_\_\_ Mr/Mrs/Ms/Dr/Other: \_\_\_\_\_

Relationship to Student: Biological Parent / Legal Guardian / Other: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address (if different from student): \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Main Language you speak at home: \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION (PG2)

Parent / Guardian Name: \_\_\_\_\_ Mr/Mrs/Ms/Dr/Other: \_\_\_\_\_

Relationship to Student: Biological Parent / Legal Guardian / Other: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address (if different from student): \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Main Language you speak at home: \_\_\_\_\_

## GENERAL INFORMATION

Does the student have any medical conditions we should be aware of?:  Yes  No

If yes, please specify: \_\_\_\_\_

Does the student have any learning / behaviour issues that may impede their learning?  Yes  No

If yes, please specify: \_\_\_\_\_

Has your child received a diagnosis for a disability or learning difficulty?:  Yes  No

If yes, please supply a copy of reports:  Speech  OT  Other: \_\_\_\_\_

Is Stradbroke School the only school you are currently considering?  Yes  No

If no, please specify why: \_\_\_\_\_

Have you informed your current school of your intention to move?  Yes  No

Does the student identify as Aboriginal or Torres Strait Islander?  Yes  No

Is the student in care where there is a custody or guardianship order made under the Children and Young People (Safety) Act 2017 (SA)  Yes  No

What date are you seeking admission for: \_\_\_\_\_

What year level are you seeking admission for: \_\_\_\_\_

## CONSENT & AGREEMENT

I certify that the information provided above is true and correct to the best of my knowledge. I understand that if any information is found to be false or misleading, decisions made based on this enrolment information may be reviewed or amended.

Documents Submitted:

Birth Certificate  Council Rates or Lease Agreement  Bond Receipt

Electricity Bill  Visa Documents (if applicable)

Parent 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Information provided remains confidential and is used only to confirm enrolment details.