



PRE ENROLMENT STUDENT INFORMATION

GULFVIEW HEIGHTS PRIMARY SCHOOL

Thank you for making enquiries to enroll your child at Gulfview Heights Primary School. The information on this form will assist us in making the correct class placement decision for your child should your enrolment application be successful.

STUDENT DETAILS		STUDENT
NAME (AS ON BIRTH CERTIFICATE) _____	GENDER M / F _____	
DATE OF BIRTH / / _____	CURRENT YEAR LEVEL _____	
CURRENT SCHOOL _____	DATE OF APPLICATION _____	
SCHOOL CARD Y / N _____	DOES YOUR CHILD HAVE A DIAGNOSED MEDICAL CONDITION Y / N (IF YES, PROVIDE DETAILS IN THE INFORMATION SECTION) _____	
NON ENGLISH SPEAKING BACKGROUND Y / N _____	TEMPORARY RESIDENT Y / N _____	COPY OF PASSPORT / VISA ATTACHED Y / N _____
IS THE STUDENT OF AUSTRALIAN ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN Y / N (CIRCLE) _____	COPY OF BIRTH CERTIFICATE ATTACHED Y/N _____	

PARENT / GUARDIAN DETAILS		GUARDIANS
NAME PARENT/GUARDIAN 1 _____	PHONE _____	RELATIONSHIP TO STUDENT _____
ADDRESS _____		
EMAIL ADDRESS _____		
NAME PARENT/GUARDIAN 2 _____	PHONE _____	RELATIONSHIP TO STUDENT _____
ADDRESS _____		
EMAIL ADDRESS _____		

ADDITIONAL INFORMATION	INFORMATION
THIS INFORMATION WILL HELP US TO PREPARE AND ALSO ARRANGE THE RIGHT CLASS PLACEMENT FOR YOUR CHILD	
PREVIOUS KINDERGARTENS/PRESCHOOLS/SCHOOLS: _____	
ACADEMIC STRENGTHS OR CONCERNS: _____	
DOES YOUR CHILD HAVE A DfE LEVEL OF REFERRAL FOR LEARNING ASSISTANCE? _____	
SOCIAL / BEHAVIOURAL STRENGTHS OR CONCERNS: _____	
HAS YOUR CHILD HAD A REFERRAL FOR BEHAVIOUR ISSUES? _____	
PLEASE LIST DIAGNOSED MEDICAL CONDITIONS AND IF THE STUDENT REQUIRES ADDITIONAL HEALTH SUPPORT OR FIRST AID: _____	

	OFFICE USE ONLY	PRE ENROLMENT
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BIRTH CERTIFICATE VISA SCHOOL CARD SCHOOL TOUR BOOKED _____ LEADERSHIP MEETING /TIME _____ UNIFORM

ENROLMENT	
ED046 COMPLETED & SENT	DATE: / / NOTES _____
ENROLMENT FORM COMPLETED <input type="checkbox"/>	ENTERED INTO EDSAS <input type="checkbox"/> STUDENT FILE CREATED/RECEIVED <input type="checkbox"/>
MEDICAL INFORMATION ENTERED EDSAS & FILED <input type="checkbox"/>	STUDENT READER FOLDER <input type="checkbox"/>
MEDICATION 1ST AID SET UP COMPLETED <input type="checkbox"/>	ISSUED PERMISSION FORMS ENTERED & FILED <input type="checkbox"/>
PRINCIPAL <input type="checkbox"/> DEPUTY TEACHER <input type="checkbox"/> FINANCE <input type="checkbox"/> RESOURCE CENTRE <input type="checkbox"/> ICT <input type="checkbox"/> CPW <input type="checkbox"/> PE <input type="checkbox"/>	
COMMENTS: _____	ENTERED BY: _____