



2016 / 17 Application for Enrolment

DETAILS OF APPLICANT

Please print all responses with the exception of your signature

Date: _____ Male / Female (please circle) Date of birth: _____

Student's given name: _____

Student's family name: _____

Student's address: _____
No. Address Suburb Postcode State

Phone: (Home) _____ (Mobile) _____

Do you have any other family or friends already attending Kilberry Valley Primary School?

Current or last school / kindergarten attended: _____

Reason for requesting transfer: _____

Have you notified your previous school of your intention to move? Yes No (Please tick the appropriate box)

Commencing year level at Kilberry Valley Primary School

Prep Year : 1 2 3 4 5 6

Has your child had school support from any of the following?

	Please Circle			Please Circle	
SSG – Student Support Group Meetings	YES	NO	BMP – Behaviour Management Plan	YES	NO
IEP – Individual Education Plan	YES	NO	PSD – Program for students with disabilities	YES	NO
OAS - Outside Agency Support	YES	NO	PSDMS Number if known		
Previous Student Welfare Involvement	YES	NO	EAL English as an additional language	YES	NO

Name of Parent / Guardian: _____
Title First Name Surname

Parent/ Guardian signature: _____

Please return this form as soon as possible to: Kilberry Valley Primary School Cnr Killberry Boulevard and Warana Drive Hampton Park 3976

Note: This form **does not** automatically guarantee you a place at Kilberry Valley Primary School. If a vacancy arises, we will contact you to make an appointment with the relevant team member. **Non Australian** born student are required to provide a copy of relevant citizenship papers, passport and or travel documents for retention by the school. If circumstances change and you are no longer requiring a place at the school, please advise as soon as possible.

OFFICE USE ONLY: Interview booked with: _____

Date received: _____ Time: _____

Interpreter Required / Language: _____

Start Date: _____ Class: _____

Teacher: _____