

HOCKING PRIMARY SCHOOL

Kindergarten 20 _____

**Please read the attached general information sheet and submit to the school of your choice.*

Group A: Mon/Wed alternate Fri Group B: Tues/Thurs alternate Fri

We will endeavour to accommodate your request for a particular day, however, allocation of groups will be determined based on the balance of gender and age, therefore your request for a particular group may not be granted. Thankyou for your understanding.

OFFICE USE ONLY

Date received: _____

Birth certificate sighted: YES NO

Proof of address sighted YES NO

Immunisation sighted YES NO

Visa sighted YES NO

Family Court Order sighted YES NO

1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname	Given names	Date of birth	Sex (M /F)
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Surname of parent/guardian	Given names	Mr/Mrs/Ms
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Residential Address (must be completed)	Postcode
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Nearest intersecting street _____

Postal Address (if different from residential address)	Postcode
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Telephone – Home	Work (if convenient)	Mobile Phone No
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Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child?
Please indicate (√) YES NO

If applicable, year level child currently enrolled in (e.g. Year 7) _____

If applicable, name of school at which the child is currently or was last enrolled: _____

Are you applying to enrol in a specialist program at this school? Please indicate (√) YES NO
Name of specialist program: _____

Are there any siblings currently attending this school? Please indicate (√) YES NO
Names and year levels: _____

** Is your child currently under suspension from a school? Please indicate (√) YES NO N/A
If yes, name of school: _____

** Has your child ever been excluded from a school? Please indicate (√) YES NO N/A
If yes, name of school: _____

2. PERMANENT RESIDENT OF AUSTRALIA? Please indicate (√) YES NO

If no, please indicate date entered Australia: _____ VISA SUB CLASS No _____

3. DISABILITY/MEDICAL CONDITION?

This information will assist the school principal with considering whether any specific or additional resources are required and available to assist the school with providing the best educational program for your child. Please indicate (√)

Physical YES <input type="checkbox"/> NO <input type="checkbox"/>	Intellectual YES <input type="checkbox"/> NO <input type="checkbox"/>	Other YES <input type="checkbox"/> NO <input type="checkbox"/>	Medical Condition YES <input type="checkbox"/> NO <input type="checkbox"/>
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Please outline nature of disability/medical condition: _____

I declare that the information provided on this form is true. *If applying for a kindergarten or pre-primary program, I also declare that this is the ONLY application I have made.*

Signature of parent/guardian _____ Date _____

*** These questions are unlikely to apply to kindergarten and pre-primary children.*