



Application for  
Connolly Primary School  
An Independent Public School

<b>OFFICE USE ONLY</b>	Year level _____
Date received: _____	
Birth/Visa sighted:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Family Court Order sighted:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Application: accepted / not accepted	
Connolly Resident	YES / NO

**APPLICATION FOR ENROLMENT – Kindergarten to Year 6 (CONFIDENTIAL)**

**1. PERSONAL DETAILS** (PLEASE PRINT ALL DETAILS BELOW)

Child's legal surname	Given names	Date of birth	Sex (M/F)
Surname of main carer of child	Given name	Mr/Mrs/Ms	
Residential Address (where child resides)			Postcode
Nearest intersecting street			
Postal Address (if different from residential address)			Postcode
Telephone – Home	Work (if convenient)	Mobile Phone No	

Email:

Year level child is currently enrolled in if applicable:

Name of school at which the child is currently or was last enrolled:

Are there any active Family Court Orders regarding the day to day or long term care, welfare and development of the child? Please indicate (√) YES  NO

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	Intellectual	Other	Medical Condition
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Please provide a comment if a box is ticked yes:

**I declare that the information provided on this form is true.**

Signature of parent/guardian

Date

**Application for Enrolment cannot be accepted without the following documentation being attached:**

- ✓ Birth Certificate or Passport
- ✓ Immunisation Records
- ✓ Proof of Residential Address
- ✓ Visa if applicable