



# BASS COAST SPECIALIST SCHOOL INITIAL ENROLMENT FORM

STUDENT SURNAME: \_\_\_\_\_

GIVEN NAMES: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MALE / FEMALE

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ POST CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

COUNTRY OF BIRTH — CHILD: \_\_\_\_\_

INDIGENOUS BACKGROUND: YES/NO

COUNTRY OF BIRTH — FATHER: \_\_\_\_\_

COUNTRY OF BIRTH — MOTHER: \_\_\_\_\_

LANGUAGE SPOKEN AT HOME: \_\_\_\_\_

NAME(S) OF PARENT (S) OR CARER (S) WITH WHOM THE CHILD LIVES:

Mr/Mrs/Ms \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

CURRENTLY EMPLOYED: YES/NO OCCUPATION: \_\_\_\_\_

If yes, employers name: \_\_\_\_\_

Mr/Mrs/Ms \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

CURRENTLY EMPLOYED: YES/NO OCCUPATION: \_\_\_\_\_

If yes, employers name: \_\_\_\_\_

PREVIOUSLY ENROLLED AT BASS COAST SPECIALIST SCHOOL: YES / NO

SCHOOL/KINDERGARTEN LAST ATTENDED: \_\_\_\_\_

REASON FOR TRANSFERRING: \_\_\_\_\_

SIBLINGS ENROLLED (PAST OR PRESENT): YES / NO

IF YES, please note their names: \_\_\_\_\_

EMERGENCY CONTACT OTHER THAN PARENT OR CARER:

NAME: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DOES THE STUDENT HAVE ANOTHER PARENT NOT LIVING WITH THEM? YES/NO

If yes, please provide details \_\_\_\_\_

DO YOU HAVE A CURRENT ACCESS ALERT OR CUSTODY AGREEMENT FOR YOUR CHILD? YES/NO *If yes, can you please give the school a photocopy of the agreement for our records, thank you*

DOES YOUR CHILD HAVE A MEDICAL CONDITION, ALERT OR ALLERGY (e.g. Asthma, Epilepsy, Anaphylaxis) ? YES/NO *If yes, can you supply details please* \_\_\_\_\_

*If your child has a medical management plan please provide a copy*

SIGNATURE OF PARENT/CARER: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PARENT/CARER: \_\_\_\_\_ DATE: \_\_\_\_\_

**ENROLMENT WILL BE CONFIRMED ONLY AFTER AN INTERVIEW & SCHOOL TOUR HAS BEEN COMPLETED BY THE PRINCIPAL**

*For enrolments, an immunisation certificate, and proof of date of birth (eg. Birth certificate or passport) must be provided*