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## PRE- ENROLMENT REGISTER APPLICATION

### Student Personal Details

Family Name:

Given Names:

Preferred Name:

Date

Date of Birth:       Sex: Male  Female

What date are you seeking admission for?  
 \_\_\_\_\_

What Year Level are you seeking admission for?  
 \_\_\_\_\_

**What is the student's previous school or Kindergarten?**  
*If overseas, nominate country. If interstate, nominate state.*

If born Overseas, Date of Arrival

Cultural Background \_\_\_\_\_ Aboriginal /or Torres Strait Islander: No  Yes

Medical Condition if any:

### Residential Address (Of Parent/Guardian with whom student lives) (*Proof of residency is needed with pre-enrolment form*)

Address Line 1:

Address Line 2:

Suburb/Town:

Postcode:  Email

### Biological Parent or Legal Guardian

Mr/Mrs/Ms/Other:  Family Name:  Sex: Male  Female

Given Names:  P/G1 Mobile Phone:

Relationship to student:  Permission to contact previous school Yes  No

Documents provided to school:  
 Council Rates or copy of rental agreement with bond  Copy of Electricity or gas bill  Birth Certificate or Passport/Visa

### Medical and Disability Information

Does your child have any diagnosed medical conditions? If yes, provide details

Does your child have any diagnosed disabilities? If yes, provide details