

## NEW ENROLMENT REQUEST FORM

### Child's Details

First name/s: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Time living at this address: Years: \_\_\_\_\_ Months: \_\_\_\_\_

*\* This should be the primary residential address where the child lives most of the time*

School currently attending: \_\_\_\_\_

Zoned/local school: \_\_\_\_\_

*\* To check your child's zoned school, visit <https://www.education.sa.gov.au> or scan the QR code.*



Does your child have any health concerns? Yes ☐ No ☐ If yes, please specify: \_\_\_\_\_

Does your child have a diagnosed disability? Yes ☐ No ☐ If yes, please specify: \_\_\_\_\_

Does your child identify as Aboriginal and/or Torres Strait Islander? Yes ☐ No ☐

Is your child under a custody or guardianship order (Children and Young People (Safety) Act 2017)? Yes ☐ No ☐

Is there a court/intervention order in place? (If so, please provide a copy) Yes ☐ No ☐

Country of Birth: \_\_\_\_\_

Visa sub-class (if applicable): \_\_\_\_\_

Date of Arrival in Australia (if applicable): \_\_\_\_\_

Language/s spoken at home: \_\_\_\_\_

Behavioural, social or emotional needs (if applicable): \_\_\_\_\_

### Details of parent/guardian registering interest (person submitting this form):

Full Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you applied to enrol at any other schools? Yes ☐ No ☐ If yes, which school/s? \_\_\_\_\_

Sibling/s currently enrolled at Hendon Primary School (if applicable): \_\_\_\_\_

Any other information: \_\_\_\_\_

### How did you hear about Hendon Primary School?

☐ Word of mouth (friend/family recommendation)

☐ Live locally

☐ Google/internet search

☐ Social media (e.g. Facebook)

☐ School website

☐ Onsite preschool/local kindy

☐ Letterbox flyer/drop

☐ Other: \_\_\_\_\_

**This form must be completed in full. Incomplete or inaccurate information may delay the outcome.**