Date:	
Time:	
DP:	



EXPRESSION OF INTEREST IN ENROLMENT

Student's Name:								
Date of Birth:								
Year Level:	7	8	9	10	11	12	Year of er commenc	
Previous School:								
Has the student been excluded from the previous school?							No	
If the current school is a private school , has the student ever been enrolled in a Qld State School?						Yes	No	
If Yes – Name of School	:							
Does the student have a name:	a sibling a		•	•	5	Yes	No	
Has the child attended this school previously:						Yes	No	
Does the student identify as Aboriginal and/or TSI						Yes	No	
Does the student identify as Australian South Sea Islander?						Yes	No	
Is the student part of a Special Needs Unit?						Yes	No	
Parent/Guardian:								
Relationship to Studen	t:							
CONTACT DETAILS								
Address:								
Phone:		(M)			(H)			(W)
Email:								
Date:		_						