

# Your Student @ Nerang State High School

## Preliminary Enrolment Form for Year 7 2027

Details of Student to Enrol				
Family Name:				
Student's Given Name:		Middle Names:		
Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Primary School:	<input type="checkbox"/> Beechmont State School <input type="checkbox"/> Canungra State School <input type="checkbox"/> Gilston State School <input type="checkbox"/> Nerang State School	<input type="checkbox"/> William Duncan State School <input type="checkbox"/> Worongary State School <input type="checkbox"/> Other:		
Parent Name:				
Parent Email:				
Residential Address:				
Phone 1:		Phone 2:		
Does your student have siblings at Nerang State High School?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, provide name of sibling, year level, date of birth				
Name:		Year Level:		DOB:

**Literacy** My child has achieved below the National minimum Standard in the Year 5 NAPLAN tests in reading and writing, or did not sit the NAPLAN tests and has difficulty with reading and writing. It would be preferable that my child be placed in a literacy support class.  
(Tick)  Yes  No

**Numeracy** My child has achieved below the National Mean Standard in numeracy on the Year 5 NAPLAN test, or did not sit the NAPLAN Test and has difficulty with numeracy. It would preferable that my child be placed in a numeracy support class. (Tick)  Yes  No

**Signature Programs** My child has applied for a Signature Program in: (Tick)

- The Comets Academic Excellence
- Quality Arts – Performance
- Quality Arts – Music
- Athlete Development Program

**Personal Strengths** My child has strengths in the following areas:

**Learning Difficulties** My child has difficulty in the following areas and would benefit from extra support:

### Personal Information:

**Friendship Groups:** Where possible I would like my child to be placed in classes with at least one of the following students (in preferential order):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### Combinations to avoid:

Although they are friends it would be best that my child in not placed in classes with:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

There are serious reasons why the following students must not be in the same class as my child:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### Other Information:

The following information will be helpful in ensuring my child has a smooth transition into high school:

Parent Signature:		Date:		Upon receipt, we will email you the additional forms we require as part of the enrolment process.
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