

Preliminary Enrolment Form

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	
Current School Attending:						
Entry into Year:	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Parent Name:						
Parent Email:						
Residential Address:						
Email:						
Phone 1:				Phone 2:		
Do you 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:
Please indicate if your student has accessed any of the following services: (please provide supporting documentation)						
<input type="checkbox"/> Guidance Officer <input type="checkbox"/> Learning Support <input type="checkbox"/> Special Education Program						
Please ensure the following documents are completed and returned to the School for the processing of your Child's Enrolment						
<input type="checkbox"/> Completed and Signed Student Resource Scheme Agreement <input type="checkbox"/> State School Consent Form						
We must sight the following documents at time of enrolment						
<input type="checkbox"/> Birth Certificate or acceptable Official documentary evidence of date of birth and name e.g. Immunisation Letter - <i>It is a Commonwealth Government proviso that for Australian births after 20 August 1986 that the child's birth certificate must be accompanied by evidence that, at the time of birth, at least one of the parents was an Australian citizen.</i>						
<input type="checkbox"/> School Academic Reports for Previous Two Semesters (Not applicable if moving from Primary School to first year of High School)						
<input type="checkbox"/> Australian Citizenship Certificate : Of Student or Parent (if applicable), Or						
<input type="checkbox"/> Australian or New Zealand Passport : Of Student <u>Not</u> Parent (if applicable), Or						
<input type="checkbox"/> Appropriate Visa (if applicable)						
<input type="checkbox"/> Court Orders						
<input type="checkbox"/> Medical						
Other Information:						
The following information will be helpful in ensuring my child has a smooth transition:						
Parent Signature:				Date:		