

Parent Signature:

## Your Student @ Nerang State High School Preliminary Year 7 Enrolment for 2025

Details of Student to Enrol:						
Family Name:						
Given Name:		Middl	Middle Names:			
Date of Birth:		Gende	nder: $\square$ Male $\square$ Female			
Primary School:_	<ul> <li>□ Beechmont State School</li> <li>□ Canungra State School</li> <li>□ Gilston State School</li> <li>□ Nerang State School</li> </ul>		<ul><li>□ William Duncan State School</li><li>□ Worongary State School</li><li>□ Other:</li></ul>			
Residential Address:						
Email:						
Phone 1:		Phone	Phone 2:			
Do you have siblings a	Nerang State High School: ☐ Yes ☐ No					
If Yes, provide name of sibling	of sibling, year level, date of birth					
Name:		Year Level:		DOB:		
Numeracy Signature Programs	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)					
Personal Strengths  Learning  Difficulties	<ul> <li>☐ Quality Arts – Performance</li> <li>☐ Quality Arts – Music</li> <li>☐ Athlete Development Program</li> <li>My child has strengths in the following area</li> </ul> My child has difficulty in the following areas		ld benefit fror	n 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:						

Date:

We will contact you to complete

the formal enrolment paperwork