

Enrolment Enquiry Form for Families

(for students transferring from another school)

Complete this form to register your interest in enrolling a child in Blakeview Primary School. Priority enrolment is given to children who live in Blakeview Primary School's zoned area. You can check the child's local school at:

www.education.sa.gov.au/findaschool

Submission of this form is not a guarantee of enrolment. The school will be in contact to advise you of the outcome of your enquiry.

If a place is available, you will be required to come to the school for an enrolment meeting and school tour where you will be given enrolment forms to complete. If you are not offered a place at the school, you may request to be placed on the wait list.

I am seeking enrolment for my child to start on:

Parent/caregiver making enquiry name:

Phone Number:

Student Residential Address:

Child/ren's details:

Do your children (please circle)					
Speak a language at home other than English Yes No			Language		
Have a sibling who is already enrolled at Blakeview Primary Yes No			Sibling Name		
Child 1					
Student Name		Gender		Year Level	
DOB		Current School			
Does your child have? (please circle)					
Speech Delay Yes No	Behavioural Issues Yes No	Disability Yes No	Classroom Support Yes No	Attendance Issues Yes No	Medical Condition/s Yes No
Does your child identify as Aboriginal or Torres Strait Islander Yes No					
Please turn over for more than 1 child					

Child 2					
Student Name		Gender		Year Level	
DOB		Current School			
Does your child have? (please circle)					
Speech Delay Yes No	Behavioural Issues Yes No	Disability Yes No	Classroom Support Yes No	Attendance Issues Yes No	Medical Condition/s Yes No
Does your child identify as Aboriginal or Torres Strait Islander Yes No					
Child 3					
Student Name		Gender		Year Level	
DOB		Current School			
Does your child have? (please circle)					
Speech Delay Yes No	Behavioural Issues Yes No	Disability Yes No	Classroom Support Yes No	Attendance Issues Yes No	Medical Condition/s Yes No
Does your child identify as Aboriginal or Torres Strait Islander Yes No					
Child 4					
Student Name		Gender		Year Level	
DOB		Current School			
Does your child have? (please circle)					
Speech Delay Yes No	Behavioural Issues Yes No	Disability Yes No	Classroom Support Yes No	Attendance Issues Yes No	Medical Condition/s Yes No
Does your child identify as Aboriginal or Torres Strait Islander Yes No					

Thank you for taking the time to fill out this form.