

# 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](http://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.

Form completed on:  Proposed enrolment date:

Parent/caregiver making enquiry name:

Parent Phone Number:

Student Residential Address:

Reason for interest in enrolling at Blakeview Primary School (eg. moved house) & any other notes relevant to enrolment enquiry:

## Child/ren's details:

Do your children (please tick)					
Speak a language at home other than English? <b>Yes No</b>			Language:		
Have a sibling who is already enrolled at Blakeview Primary? <b>Yes No</b>			Sibling Name:		
Have any Custody or Intervention Orders in place? <b>Yes No</b>			Details of Order:		
Child 1					
Student Name		Gender		Year Level	
DOB		Current School			
Does your child have? (please tick)					
Speech Delay <b>Yes No</b>	Behavioural Issues <b>Yes No</b>	Disability <b>Yes No</b>	Classroom Support <b>Yes No</b>	Attendance Issues <b>Yes No</b>	Medical Condition/s <b>Yes No</b>
Does your child identify as Aboriginal or Torres Strait Islander					<b>Yes No</b>

Please continue to page 2 for additional children

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