**YARRANLEA PRIMARY SCHOOL**

***MULTI-AGE LEARNING EXCELLENCE***

**176 Messines Ridge Road**

**Griffith University, Mount Gravatt, QLD 4122**

**Phone: 0474 111 676**

**Email: admin@yarranlea.qld.edu.au**

**Website: yarranlea.qld.edu.au**

 ***Application for Future Enrolment***

For siblings -- please complete a separate form for each child.

**Section 1: CHILD’S DETAILS –** please print

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Family Name** |  | **Child’s Given Name(s)** |  |
| **Date of Birth** |  |  **Sex** |  |

**Section 2: PARENT / GUARDIAN DETAILS –** please print

|  |  |
| --- | --- |
| **Parent/Guardian 1 Name:** |  |
| **Address:** |  |
| **Telephone:** |  | **Mobile:** |  |
| **Email:** |  | **Occupation:** |  |

**Section 2: PARENT / GUARDIAN DETAILS –** please print

|  |  |
| --- | --- |
| **Parent/Guardian 2 Name:** |  |
| **Address:** |  |
| **Telephone:** |  | **Mobile:** |  |
| **Email:** |  | **Occupation:** |  |

|  |  |
| --- | --- |
| **Year (date) in which admission is sought: 20 \_\_\_\_** | **Year Level at admission (e.g. Prep, Year 1): \_\_\_\_\_** |

**Section 3: Health Background –** please print

**Does your child have any health problems or medical conditions, a disability or developmental delay, including intellectual, sensory, or physical impairment or additional needs?**

☐ No ☐ Yes *(If a Diagnosed Medical Condition, please provide a Diagnosed Medical Report. How does the disability affect your child? Please give details including mobility, toileting, and communication.)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Failure to disclose this information may impact your child’s outcome for enrolment.**

**Section 4: Previous School/Kindergarten -** please print :­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 5: Will you be interested in Before and or After school Program? -** please print :­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_

**Section 6: How did you find out about Yarranlea Primary School? -** please print : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I/We are the legal guardian(s) of the above-named child and agree for my/our child to be added to the Yarranlea Primary School Waiting List for Future Enrolment. I/We understand that being on the Waiting List does not guarantee an offer of a place at Yarranlea Primary School. I/We understand that Yarranlea Primary School is an independent primary school and charges fees for tuition.*

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signature of Parent(s)/Guardian(s)*** ***Date***