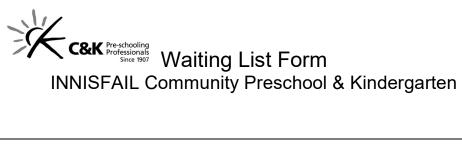
D	Α	Т	E:	:
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Child's name									
Date of Birth		Male Fe	male	Non-Binary/Unspecifie	d				
Parent/Guardian N	Name/s								
Home address									
Postal address									
Home Phone		Work Phone	Work Phone						
Mobile Phone									
Email address									
	ave an additional need or medical details below. This information will be used		Yes / an enrolment	No offer is made.					
Does your child id	entify as:								
	riginal		Aboriginal and Torres Strait Islander South Sea Islander						
	es Strait Islander								
_	Indigenous		Decline to Answer						
Main Language sp	ooken at home:								
Do you or your chi	ild hold a current health care card	? Yes / No							
Are you and/or you	ur child an Australian Resident?	Yes / No							
If not an Australia	Resident, do you hold a Visa?	Yes / No							
Please specify Vis	a Information								
Other Information/	Comments								
Year of commencemen	nt: (Please tick)								
	2021 (children born 1st July 20	116 – 30 th June 201	17)						
	2022 (children born 1 st July 2017 – 30 th June 2018)								
	2023 (children born 1 st July 2018 – 30 th June 2019)								
	2024 (children born 1 st July 2019 – 30 th June 2020)								
	2025 (children born 1 st July 2020 – 30 th June 2021)								