PATRICKS ROAD STATE SCHOOL
P: +61 7 3872 1888
A: 238-256 Patricks Road
FERNY HILLS Q 4055 W: www.patricksroadss.eq.edu.au
E: admin@patricksroadss.eq.edu.au



## **EXPRESSION OF INTEREST FOR 2025 STUDENT ENROLMENT: YEARS PREP TO SIX**

Please complete and deliver to the office or email enrolments@patricksroadss.eq.edu.au

Name of Student:	(	] Male		Female	) Date of	Birth:	/	/	/
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Current or Previous School/Kindy:

Applying for Year Level \_\_\_\_\_ commencing in 2025

Parent/Carer 1 Details: (child resides with)	Parent/Carr 2 Details:
Name:	Name:
Address:	Address
Suburb:	Suburb:
Post Code:	Post Code:
Phone/s:	Phone/s:
Workplace:	Workplace:
Work phone:	Work phone:
Email:	Email:

Please ensure "Parent/Carer 1" is who the child resides with at their principal place of residence. Until the child has commenced this parent/carer will receive all correspondence and invoices.

Please provide the details of all other school age (including Pre-Prep) residential siblings:					
Siblings Name	1.	2.	3.	4.	
Current School/Centre					
Year Level & Age					

Making contact with a student's kindy or previous school helps us to best place your child in their new classes. Please complete the below to allow us permission to contact your child's previous school or centre.

Permission to make contact with previous school or kindy

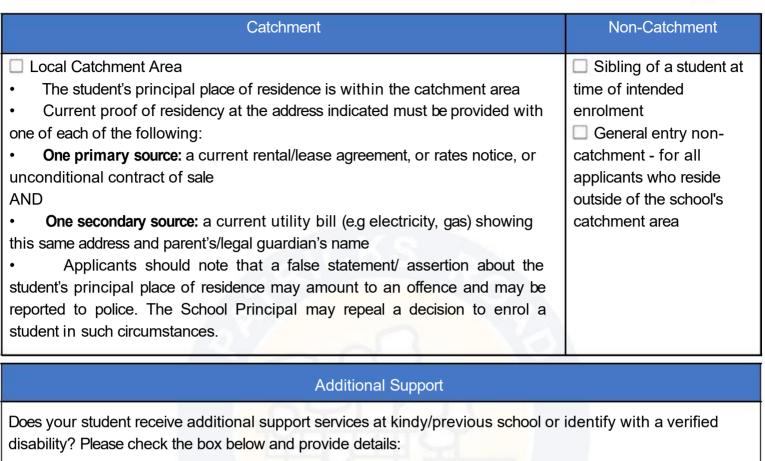
I	give permission for Patricks Road State School to make
contact with	(previous school or kindergarten) for my
child	· · · · · · · · · · · · · · · · · · ·

PATRICKS ROAD STATE SCHOOL'S VISION IS TO PROVIDE A SUPPORTIVE LEARNING ENVIRONMENT WHERE CHILDREN CAN **BE COURAGEOUS, CREATIVE AND ACTIVE LEARNERS.** 

Please complete	the b	pelow sec	ction
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To check if your home address is within our catchment area please visit:

http://www.qgso.qld.gov.au/maps/edmap/



Verified Disability \_\_\_\_\_

Learning Difficulty

Language Spoken at Home

Speech or Occupational Therapy

I understand that supplying false or incorrect information on this form may lead to the reversal of a decision to approve enrolment. I believe that the information I have supplied on this form is true and correct in every particular, to the best of my knowledge.

Parent/Carer Signature:

Date: \_\_\_ / \_\_\_ /

Note that your application will not proceed until we have received all required supporting documents.

Office use only - Please do not write in this space						
EOI status 🛛 Yes 🖓 Waitlist	Principal's Signature:					
Enrolment interview made with:		Enrolment Pack: / /				
Date: / / Time:	Signed:					

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