



EXPRESSION OF INTEREST FOR 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: ___ / ___ / ___

Current or Previous School/Kindy: _____

Applying for Year Level _____ commencing in ___/___/_____ prep out of catchment will open at 10am on the first Monday of March.

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 _____.



Please complete the below section

To check if your home address is within our catchment area please visit:

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

Catchment	Non-Catchment
<input type="checkbox"/> Local Catchment Area <ul style="list-style-type: none"> The student's principal place of residence is within the catchment area Current proof of residency at the address indicated must be provided with one of each of the following: <ul style="list-style-type: none"> One primary source: a current rental/lease agreement, or rates notice, or unconditional contract of sale AND One secondary source: a current utility bill (e.g electricity, gas) showing this same address and parent's/legal guardian's name Applicants should note that a false statement/ assertion about the student's principal place of residence may amount to an offence and may be reported to police. The School Principal may repeal a decision to enrol a student in such circumstances. 	<input type="checkbox"/> Sibling of a student at time of intended enrolment <input type="checkbox"/> General entry non-catchment - for all applicants who reside outside of the school's catchment area

Additional Support

Does your student receive additional support services at kindy/previous school or identify with a verified disability? Please check the box below and provide details:

- 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: _____