PATRICKS ROAD STATE SCHOOL

P: +61 7 3872 1888

child

A: 238-256 Patricks Road

FERNY HILLS Q 4055 W: www.patricksroadss.eq.edu.au

E: admin@patricksroadss.eq.edu.au

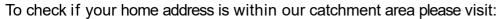


EXPRESSION OF INTEREST FO	R STUDENT EN	ROLMENT: YEARS	S PREP TO SIX	
Please complete and deliver to the office	or email enrolme	nts@patricksroadss.eq.	edu.au	
Name of Student:		(🔲 Male 🔲 Fem	ale) Date of Birth: / /	
Current or Previous School/Kindy:				
Applying for Year Levelcom				
Parent/Carer 1 Details: (child re	sides with)	Paren	t/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 child has commenced this parent/care Please provide the details of	r will receive all co	orrespondence and invo	vices.	
Siblings Name 1.	2.	3.	4.	
Current School/Centre				
Year Level & Age				
Making contact with a student's kindy or complete the below to allow us permissio	•			
Permission t	o make contact wi	th previous school or k	kindy	
1	give permiss	sion for Patricks Road	State School to make	

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

contact with _____ (previous school or kindergarten) for my

Please complete the below section





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Catchment	Non-Catchment		
 Local Catchment Area 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: 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. 	☐ Sibling of a student at time of intended enrolment ☐ 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			
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 F	Pack: / /		