

EXPRESSION OF INTEREST FOR ENROLMENT PREP-6

This Expression of Interest for Enrolment Form must be completed and submitted to the Administration Office by post or in person, or emailed to <u>enrolments@whiterockss.eq.edu.au</u> along with a copy of the relevant paperwork, **before** *an enrolment will be considered.*

White Rock State School is governed by an Enrolment Management Plan, which sets out the conditions under which a student may be enrolled. Its prime obligation is the provision of an appropriate educational service for students whose principal place of residence is within school's catchment area. An Administration Officer will contact you to advise the outcome of your application. If successful, an Enrolment Interview will be made for you to attend *with your student*.

Do you require support completing this form or enrolment forms?							□ Yes □ No			
STUDENT NAME: (as stated on Birth Certit	ficate)								Year level:	
Date of birth:								lale	Female	
Student residential ad	dress								1	
Name of school most recently attended:							Still attending or Date left:			
Has the student been enrolled at White Rock SS previ				ously?					🗆 No	
Is the prospective student of Aboriginal or Torres Strait Islander origin?				 No Aboriginal Torres Strait Islander Both Aboriginal & Torres Strait Islander 						
English as a second language Yes INO Language spoken:				Translator required: □ Yes □ No						
Does the student require Special Education Support Do you have NDIS			□ Yes □ Yes	□ Diag □ No	nosis					
Medical condition:	□ Yes □	No	Details	S:						
Custody orders:	□ Family C	Family Court orders			□ Other Court orders			Out-of-home Care Arrangements		
Are there siblings who may require enrolment?			?	•			ΠY		□ No	
If yes, please complete 'Future Enrolment' section on the back of this form:										
Parent/Carer 1-Name:			F			Relationship to student:				
Residential address:										
Phone number:					E	Email:				
Parent/Carer 2- Name:				F	Relationship to student:					
Residential address:										
Phone number:					E	Email:				
If parents/carers live separately or do not reside with student, which is the primary place of residence for the student: Parent/carer 1 Parent/carer 2 50/50 shared care Residential care/house										







Future Enrolment Information					
Please list sibling names and Date of Birth below					
Full Name	DOB				

Parents/carers wishing to enrol their child must demonstrate that the student's principal place of residence is within the White Rock State School catchment area.

Current proof of residency at the address indicated can be provided by way of **one of each** of the following:

One primary source	One secondary source
 A current lease agreement, or Rental Bond lodgement receipt, or Unconditional sale agreement 	 Utility bill (electricity, gas etc) or Rates notice (showing same address and parent/carer Name)

Boarding students living away from home- parents/carers must provide:

- A statutory declaration advising the guardianship of student and residential address of carer, and
- a copy of proof of residency, as listed above, must be provided by the person the student will be boarding with
- Name of the person who the student will be boarding with and will be responsible for their care

Your Enrolment Interview

If the student's *Expression of Interest for Enrolment* is approved, the student and parent/carer must attend an interview. You will be contacted by an Administration Officer to make an appointment time.

Please be punctual (15 minutes prior to appointment time) and complete all paperwork **prior** to appointment- lateness may require rescheduling your appointment. Please advise the school on 4036 8888 to reschedule if unable to attend.

Additional requirements to bring to your enrolment interview:

- □ Student's birth certificate- if student not born in Australia, birth certificates (parent/carer and student), passports (parent/carer and student) and relevant visa paperwork is required.
- □ The two most recent Report Cards received from previous school/s
- □ Most recent NAPLAN test results, if applicable
- □ Current custody/legal orders, if applicable

Any relevant specialist medical reports, eq. paediatrician, occupational therapist, speech therapist

OFFICE USE ONLY: Date received: Date phoned:

Successful
Unsuccessful -reason

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Enrolment meeting to include the following stakeholders:

DP/ Principal HOSES Indigenous Liaison Behaviour Support External Agency

