| Name of School  | Naracoorte South Primary School | AQUITA | Government of South Australi |  |  |  |  |
|-----------------|---------------------------------|--------|------------------------------|--|--|--|--|
| Name of Student | ::                              | _      | Department for Education     |  |  |  |  |
| Date of Birth:  | / /                             |        | Lead Ach                     |  |  |  |  |

# **SCHOOL ENROLMENT FORM**



## INFORMATION PRIVACY STATEMENT

The Department for Education is committed to respecting the confidentiality of information provided about children / students and parents, which includes information requested on enrolment forms.

This form has been designed to ensure compliance with the Education Regulations 2012 and to enable the department to:

- · undertake administration and care responsibilities including maintaining emergency contact information
- communicate with you about matters in relation to your child, your child's school and the education system
- provide first aid and plan for child / student health support requirements
- provide information required for school resource entitlements
- collect statistical and qualitative information to better understand student performance and undertake activities to improve the education system
- meet reporting requirements, including to other government authorities
- provide information to contractors engaged to assist in the completion of the Australian Early Development Census survey by teachers for Reception students (www.aedc.gov.au).

If organisations are contracted on behalf of the department to undertake tasks which require access to enrolment data, the contract(s) between the department and those organisations will include strict confidentiality and disposal provisions.

Questions marked • on this school enrolment form are included to collect information required under the *Australian Education Regulations 2013*. Although some items on the enrolment form are not mandatory to complete under the national regulations, provision of this information will be beneficial to your child's school for planning and resourcing decisions.

The information provided in enrolment forms is stored securely in local school and department databases. Information from your enrolment form may be transferred electronically from one school to another as your child moves schools or locations between levels of education. Any such transferred information will be updated by information provided on the current enrolment form. Some student information will also be securely transferred to the NAPLAN Online Platform to enable online NAPLAN testing. While your child is enrolled in a departmental site other information will be gathered relating to your child's education and wellbeing; for example records of learning progress (including NAPLAN testing), absences from school, behaviour, health and social development reports, observations and assessments.

The management of these data is governed by Australian, State and department policies and relevant legislation (including the *Australian Education Act 2013* (Cth), *Education Act 1972* (SA), and *State Records Act 1997* (SA)) to ensure that the information is used only for the purposes stated above and is secure, private and confidential.

The disclosure of personal information held by the South Australian government is regulated by the *Information Privacy Principles* (see www.dpc.sa.gov.au/documents/rendition/B17711). Unless authorised or required to do so by a law of the State or Commonwealth, or as permitted by the Information Privacy Principles or in accordance with the ISG (see below), the department will not otherwise disclose the information to others without your consent.

# **INFORMATION SHARING STATEMENT**

There will be occasions where sharing information with others outside the department will be important to your child's educational progress, safety or wellbeing. It might also be necessary to share information to manage a risk of serious harm to others. In these circumstances the department follows the SA Government's *Information Sharing: Guidelines for Promoting Safety and Wellbeing (ISG)* www.ombudsman.sa.gov.au. Under the ISG your consent for the sharing of personal information about you or your child will be sought and respected in all situations unless:

- disclosure is authorised or required by law; or
- it is unsafe / impossible to gain consent or consent has been refused; and
- without information being shared, a person or persons will be at increased risk of serious harm.

In order to provide an appropriate education program your school may share information relating to your child's personal needs with specialist department staff, including Student Support Services. This will enable the school to make any necessary teaching and learning adjustments for your child. The school may also use the information you provide when applying for specialist resources or services and/or funding to support your child's education. Prior to any formal referral for additional support your consent will be sought.

The aim of information sharing under the ISG is to protect and promote the safety and wellbeing of children, young people and their families. This site works with parents / caregivers and other agencies / services to achieve that aim. Parents / caregivers are strongly encouraged to share all information relevant to their child's capacity to enjoy and benefit from education:

- by using the 'any other information' section of this form; and/or
- by discussing with staff at the time of enrolment; and/or
- by discussing with staff at any time in the future.

The school has explained the above Information Privacy Statement and Information Sharing Statement.

Parent / Guardian Signature

Refer to the occupation groups listed below when completing the questions on page 3.

# Group 4

Other Occupations

## **Group 3**

Trades and advanced / intermediate clerical, sales and service staff

#### Group 2

Other business managers, Arts / Media / Sportspersons and associate Professionals

# Group 1

Senior management in large business organisation, government administration and defence, and qualified professionals

Senior executive / manager / department head in industry,

commerce, media or other

#### **Drivers**

Mobile plant, Production / Processing, Machinery, Other machinery Operators.

#### Hospitality staff

Hotel service supervisor, Receptionist, Waiter, Bar attendant, Kitchen hand, Porter, Housekeeper.

#### Office assistants

Typist, Word processing, Data entry, Business Machine Operator, Receptionist, Office assistant.

#### Sales assistants

Sales assistant, Motor vehicle / Caravan / Parts Salesperson, Checkout operator, Cashier, Bus/train conductor, Ticket seller, Service station attendant, Car rental desk staff street, Vendor, Telemarketer, Shelf stacker.

#### Assistant / aide

Trade's assistant, School / Teacher's aide, Dental assistant, Veterinary nurse, Nursing assistant, Museum / gallery attendant, Usher, Home helper, Salon assistant, Animal attendant.

#### Labourers and related workers

# **Defence Forces**

Other ranks below senior NCO not included above.

# Agriculture, horticulture, forestry, fishing, mining worker

Farm overseer, Shearer, Wool / hide classer, Farm hand, Horse trainer, Nurseryman, Greenkeeper, Gardener, Tree surgeon, Forestry / logging worker, Miner, Seafarer / fishing hand.

## Other worker

Labourer, Factory hand, Storeman, Guard, cleaner, Caretaker, Laundry worker, Trolley collector, Car park Attendant, Crossing Supervisor.

#### Tradesmen / women

Generally have completed a 4 year Trade Certificate, usually by apprenticeship.

All tradesmen / women are included in this group.

#### Clerks

Bookkeeper, Bank / PO clerk, Statistical / Actuarial Clerk, Accounting / claims / audit clerk, Payroll clerk, Recording / registry / filing clerk, Betting clerk, Stores / inventory clerk, Purchasing / order clerk, Freight / transport / shipping clerk, Bond clerk, Customs agent, Customer services clerk, Admissions clerk.

# **Skilled Office Staff**

Secretary, Personal assistant, Desktop publishing operator, Switchboard operator.

#### **Skilled Sales Staff**

Company sales representative, Auctioneer, Insurance agent / Assessor / Loss adjuster, Market researcher.

#### **Skilled Service Staff**

Aged / Disabled / Refuge / Child care worker, Nanny, Meter reader, Parking inspector, Postal worker, Courier, Travel agent, Tour guide, Flight attendant, Fitness instructor, Casino dealer / supervisor.

#### Owner / manager

Farm, Construction, Import / Export, Wholesale, Manufacturing, Transport, Real estate business.

#### Specialist manager

Finance, Engineering, Production, Personnel, Industrial relations, Sales / marketing.

# Financial services manager

Bank branch manager, Finance / investment / insurance, Broker, Credit / loans officer.

# Retail sales / services manager

Shop petrol station, Restaurant club, Hotel / Motel, Cinema, Theatre agency.

#### Arts / media / sports

Musician, Actor, Dancer, Painter, Potter, Sculptor, Journalist, Author, Media presenter, photographer, Designer, Illustrator, Proof reader, sportsman / woman, Coach / trainer, Sports official.

#### Associate professionals

Generally have diploma / Technical qualifications, Support managers and professionals.

#### Health, Education, Law, Social Welfare, Engineering, Science, Computing

Technician / Associate professional.

# Business / administration

Recruitment / Employment / Industrial relations / Training officer. Marketing / Advertising specialist, Market research analyst, Technical sales representative, Retail buyer, Office / project manager.

#### **Defence Forces**

Senior Non-Commissioned officer.

# Public service manager

large organisation.

(Section head or above), Regional Director, Health / Education / Police / Fire services, Administrator.

#### Other administrator

School Principal, Faculty head / Dean, Library / Museum / Gallery director, Research facility director.

# **Defence Forces**

Commissioned Officer.

#### **Professionals**

Generally have degree or higher qualifications and experience in applying this knowledge to:

- Design, develop or operate complex systems;
- Identify, treat and advise on problems;
- And teach others.

# Health, Education, Law, Social Welfare, Engineering, Science, Computing.

Professional.

# **Business**

Management consultant, Business analyst, Accountant, Auditor, Policy analyst, Actuary, Valuer.

# Air / sea transport

Aircraft / ship's Captain / Officer / Pilot, Flight officer, Flying instructor, Air traffic controller.

# Parent's education, qualification and occupation

The questions about each parent / guardian's education, qualifications and employment group are asked on all school enrolment forms.

In South Australia this information is used in determining each school's *Index of Educational Disadvantage* (IED), which is linked to funding levels and may be used to allocate resources to school services. In the future this information may be used to determine resource allocations to schools.

If you are an independent student (living without a parent or guardian) please go straight to Page 4 - Student Personal Details.

| Parent 1 or Legal Guardian 1 (Birth or Adoptive parent)  | Parent 2 or Legal Guardian 2 (Birth or Adoptive parent)  |
|--|--|
| Mr / Mrs / Ms / Other:   | Mr / Mrs / Ms / Other:   |
| Family Name:   | Family Name:   |
| Given Names:   | Given Names:   |
| Sex:   | Sex:   |
| Relationship to student:   | Relationship to student:   |
| Employment status:   | Employment status:   |
| Occupation:  | Occupation:  |
| <ul> <li>* What is the occupation group of parent 1 / guardian 1?     Please select the appropriate parental occupation group from the list on page 2.</li> <li>If the person is not currently in paid work but has had a job in the last 12 months</li> </ul> | <ul> <li>* What is the occupation group of parent 2 / guardian 2? Please select the appropriate parental occupation group from the list on page 2.</li> <li>If the person is not currently in paid work but has had a job in the last 12 months</li> </ul> |
| <ul> <li>or has retired in the last 12 months, please use the person's last occupation.</li> <li>If the person has not been in paid work in the last 12 months, enter 8 above.</li> </ul>  | or has retired in the last 12 months, please use the person's last occupation.  If the person has not been in paid work in the last 12 months, enter 8 above.  |
| Work Location:   | Work Location:   |
| Work Phone Number:   | Work Phone Number:   |
| P/G1 Mobile Phone:   | P/G2 Mobile Phone:   |
| P/G1 Email:  | P/G2 Email:  |
| * What is the highest year of primary or secondary school the parent 1 / guardian 1 has completed? (For persons who never attended school, select 'Year 9 or equivalent or below'.)  | * What is the highest year of primary or secondary school the parent 2 / guardian 2 has completed? (For persons who never attended school, select 'Year 9 or equivalent or below'.)  |
| Year 12 or equivalent  | Year 12 or equivalent □ 4  |
| Year 11 or equivalent 3  | Year 11 or equivalent  |
| Year 10 or equivalent 2 Year 9 or equivalent, or below 1   | Year 10 or equivalent 2 Year 9 or equivalent, or below 1   |
| real 9 of equivalent, of below   | real 9 of equivalent, of below   |
| * What is the level of the highest qualification the parent 1 / guardian 1 has completed?  | * What is the level of the highest qualification the parent 2 / guardian 2 has completed?  |
| Bachelor degree or above   | Bachelor degree or above   |
| Advanced diploma / Diploma   | Advanced diploma / Diploma   G   6  Certificate I to IV (including trade certificate)   5  |
| No non-school qualification   8  | No non-school qualification   8  |
| In which country was the parent 1 / guardian 1 born?   | In which country was the parent 2 / guardian 2 born?   |
|  |  |
| If not born in Australia, what was the date the parent 1 / guardian 1 arrived in Australia?  | If not born in Australia, what was the date the parent 2 / guardian 2 arrived in Australia?  |
| DD MM YY   | DD MM YY   |
| * Does the parent 1 / guardian 1 speak a language other than English at home? □ No, English only □ Yes   | * Does the parent 2 / guardian 2 speak a language other than English at home? □ No, English only □ Yes   |
| If $\mathbf{yes}$ , what is the main language the parent 1 / guardian 1 speaks at home?  | If <b>yes</b> , what is the main language the parent 2 / guardian 2 speaks at home?  |
|  |  |
| Does this Parent or Guardian require an interpreter?   | Does this Parent or Guardian require an interpreter?   |
| Language for Translation:  | Language for Translation:  |
|  |  |
| What is the cultural background of Parent 1 / Guardian 1?  | What is the cultural background of Parent 2 / guardian 2?  |
|  |  |

|   | Student P  | ersonal Details               | (Please provi               | de proof of             | Birth)  |
|---|--|-------------------------------|-----------------------------|-------------------------|---|
| amily Name:                               |  |                               |                             |                         | School Use Only   |
| iven Names:                               |  |                               |                             |                         | Has proof of Birth been provided                            |
| referred Name:                            |  |                               |                             |                         | No Yes  |
| ate of Birth:                             | DD MM YY   | * Sex:                        | ☐ Male ☐                    | 1 Female                | Has proof of Residence Documentation been provided?  No Yes |
| as this student be<br>eir previous school | en approved for School Car<br>ol?  | d Assistance at               | □ No □ Y                    | ⁄es                     | School No:  |
|   | Australian Aboriginal or Torre<br>Australian Aboriginal or Torres<br>S.)                                     | ŭ                             | No No Yes, Australia        | _                       | ED ID: Student ID: School Year Level:                       |
| In which country                          | was the student born?  | 1 Australia 🗖                 | Other – please spe          | ecify below             | Census Year Level:  |
| ntered. Refer to visa                     | verseas with a date of arrival in grant letter or visa entitleme dents are required to pay fees on Services. | nt verification online (VE    | VO) for visa details a      | nd conditions.          | Roll Class:  FTE:  Campus:                                  |
| other, on what da                         | te did the student arrive in A   | ustralia?                     | DD MM                       | Л                       | House:  |
| lesidence status of                       | f student: 🔲 Australian  | Citizen / Permanent Re        | esident                     |                         | Enrolment Date:   |
|   | ☐ Temporary  | / Resident                    |                             |                         | Permanent Resident:   |
|   | ☐ Tourist Vis  | a Length of intende           | ed enrolment (months        | ): MM                   | Origin:   |
| sa Sub-Class:                             |  | Visa grant date               | : DD MM                     | M YY                    | Visa Sub-Class:   |
| assport Number:                           |  |                               |                             |                         | NESB:   |
| Vhat is the student                       | 's cultural background?  |                               |                             |                         | EALD: Yes Yes IELP / NAP Transfer: Yes                      |
| Religion (optional):                      |  |                               |                             |                         | ILLE / IVAF TTAIISIEL. TES                                  |
| oes the school ne                         | ed to be aware of any cultur   | al and/or religious requ      | irements? Please a          | advise:                 |   |
|   |  |                               |                             |                         |   |
| Does the student                          | speak a language other tha   | n English at home?            | ☐ No, English               | only $\Box$             | Yes   |
| lain language:                            |  |                               | Other langua                | ge/s:                   |   |
| oes the student at                        | tend an after-hours Ethnic s   | chool?                        | □ No                        | _                       | Yes   |
| Yes, which schoo                          | 1?   |                               | Which languag               | e is studied?           |   |
| s the student in car                      | e and subject to a custody o   | or guardianship order u<br>No | nder the <i>Children ar</i> | nd Young People     Yes | (Safety) Act 2017 (SA)?                                     |
|   | admission procedure. These   |                               |                             |                         | en followed? For further details schoo                      |
| oes this student re                       | eceive Youth Allowance?  | □ No                          | ☐ Yes                       |                         |   |
| oes this student re                       | eceive ABSTUDY?  | □ No                          | ☐ Yes                       |                         |   |
|   |  | School Enrolment For          | m Version 3.0               | July 2019               |   |

|  |                   | Family   | Contact Detai         | ls                  |        |              |              |            |
|--|-------------------|--|-----------------------|---------------------|--------|--------------|--------------|------------|
| Family Phone Number:                                       |                   |  | Fan                   | nily Mobile Phone:  |        |              |              |            |
| Family Email Address:                                      |                   |  |                       |                     |        |              |              |            |
|  |                   |  |                       |                     |        |              |              |            |
|  | Student Add       | dress Details (F                                 | Please provide        | proof of Resid      | dence  | <del>)</del> |              |            |
| Mailing Address  | (Of Parent / Guar | rdian with whom stude                            | nt lives the majority | of school week)     |        |              |              |            |
| Name to be used for all correspondence:                    |                   |  |                       |                     | e      | g Mr and N   | frs Black, I | Ms B Green |
| Address Line 1:  |                   |  |                       |                     |        |              |              |            |
| Address Line 2:  |                   |  |                       |                     |        |              |              |            |
| Suburb / Locality:   |                   |  |                       |                     | Postco | ode:         |              |            |
| Country (if not Australia):                                |                   |  | Stud                  | dent Mobile Number: |        |              |              |            |
| Hundred (if applicable):                                   |                   | Section:   |                       | UHF:                |        | -            |              | MHz        |
| Student's Email Address:                                   |                   |  |                       |                     |        |              |              |            |
| Residential Addre  Name to be used for all correspondence: | SS (if different  | from above Mailing A                             | ddress)               |                     | e      | g Mr and N   | frs Black, I | Ms B Green |
| Address Line 1:  |                   |  |                       |                     |        |              |              |            |
| Address Line 2:  |                   |  |                       |                     |        |              |              |            |
| Suburb / Locality:   |                   |  |                       |                     | Postco | ode:         |              |            |
| Country (if not Australia):                                |                   |  |                       |                     |        |              |              |            |
| Hundred (if applicable):                                   |                   | Section:   |                       | UHF:                |        | -            |              | MHz        |
| If you have  |                   | s which need to be doc<br>ease note in any other |                       |                     | CE Mai | I, T – Teri  | m),          |            |
|  |                   |  |                       |                     |        |              |              |            |
|  |                   |  |                       |                     |        |              |              |            |

| Emergency Co  | ntacts if Parent or Guardian Note: Includes permiss                              | cannot be contacted sion to provide overnigh        |   | ct student.                       |
|---|--|---|---|-----------------------------------|
| Priority 1  |  |   |   |                                   |
| Name:   |  | Home Phone:   |   |                                   |
| Relationship:   |  | Mobile Phone:                                       |   |                                   |
|   |  | Work Phone:   |   | Ext:                              |
| Priority 2  |  |   |   |                                   |
| Name:   |  | Home Phone:   |   |                                   |
| Relationship:   |  | Mobile Phone:                                       |   |                                   |
|   |  | Work Phone:   |   | Ext:                              |
| Priority 3  |  | _   |   |                                   |
| Name:   |  | Home Phone:   |   |                                   |
| Relationship:   |  | Mobile Phone:                                       |   |                                   |
|   |  | Work Phone:   |   | Ext:                              |
| Priority 4  |  | ¬   |   |                                   |
| Name:   |  | Home Phone:   |   |                                   |
| Relationship:   |  | Mobile Phone:                                       |   |                                   |
|   |  | Work Phone:   |   | Ext:                              |
|   | Transp   | ort to School                                       |   |                                   |
| Usual mode of transport:  |  | Bus Pass N  | No:   |                                   |
| School Bus Route AM1:   |  | Stop:   | Time:   |                                   |
| School Bus Route AM2:   |  | Stop:   | Time:   |                                   |
| School Bus Route PM1:   |  | Stop:   | Time:   |                                   |
| School Bus Route PM2:   |  | Stop:   | Time:   |                                   |
| Conveyance Allowance:   | (Approval Num  | nber) Allowar                                       | nce Expiry Date: DD   | MM YY                             |
| Vehicle Reg. No:  | Driver if  | other student:                                      |   |                                   |
|   | Medica   | al Conditions                                       |   |                                   |
| Does your child have a dia  | agnosed medical condition?   |   | □ No  | □ Yes                             |
| If <b>Yes</b> , please tick the rele  |  |   |   |                                   |
| <ul> <li>Acquired Brain</li> <li>Asthma</li> <li>Cerebral Palsy</li> <li>Continence</li> <li>Cystic Fibrosis</li> <li>Diabetes</li> </ul> |  | Impaired / Ear health issues ondition anditions ion | <ul> <li>Oncology</li> <li>Oral Eating and</li> <li>Seizures and Ep</li> <li>Severe Allergy A</li> <li>Transfer and Pos</li> <li>Visually Impaired</li> </ul> | ilepsy<br>naphylaxis<br>sitioning |
| If other, please specify:   |  |   |   |                                   |
|   | ditional health support or first aid?<br>ion management, continence care, psycho | ological issues)                                    | □ No  | ☐ Yes                             |
| If <b>Yes</b> , the school will need is plan attached?  | d a health care plan from the treating doct                                      | or / health professional.                           | □ No  | ☐ Yes                             |
|   | School Enrolment Fo  | orm Version 3.0 July 2019                           | 9   | 6                                 |

|   | Court (  | Orders       |                |           |             |            |
|---|--|--------------|----------------|-----------|-------------|------------|
| Are there any current Court-sanctic If <b>Yes</b> , a copy of the order must be | oned orders relating to this student? provided for the school's records. |              | □ No           | ☐ Yes     |             |            |
| On what date was the Full Court or  |  | / YY         |                |           |             |            |
| Details:  | 35   |              |                |           |             |            |
| Dotails.  |  |              |                |           |             |            |
|   |  |              |                |           |             |            |
|   |  |              |                |           |             |            |
|   |  |              |                |           |             |            |
|   |  |              |                |           |             |            |
|   |  |              |                |           |             |            |
|   |  |              |                |           |             |            |
|   |  |              |                |           |             |            |
|   |  |              |                |           |             |            |
|   | Other Parent / G   | Guardian / C | Carer          |           |             |            |
| Resides at the same address as the  | e student?   Yes   No  |              | ☐ Reports      | □ Access  | ☐ Corr      | espondence |
| Mr / Mrs / Ms / Other   |  |              | Sex: ☐ Male    | e 🖵 Fe    | male        |            |
| Family Name:  |  |              |                |           |             |            |
| Given Names:  |  |              | Phone Number:  |           |             |            |
| Relationship to student:  |  |              | Mobile Number: |           |             |            |
| Mailing Title:  |  |              |                |           |             |            |
| Address Line 1:   |  |              |                |           |             |            |
| Address Line 2:   |  |              |                |           |             |            |
| Address Line 3:   |  |              |                |           |             |            |
| Suburb / Locality:  |  |              |                | Postcode: |             |            |
| Country (if not Australia):   |  |              |                |           |             |            |
| Email Address:  |  |              |                |           |             |            |
|   | Sibli  | ings         |                |           |             |            |
| Full Name   | 9  | Sex          | Date of Bi     | rth       | Attends thi | s School?  |
|   | ☐ Male   | ☐ Female     | DD MM          | YY        | □ No        | ☐ Yes      |
|   | ☐ Male   | ☐ Female     | DD MM          | YY        | □ No        | ☐ Yes      |
|   | ☐ Male   | ☐ Female     | DD MM          | YY        | □ No        | ☐ Yes      |
|   | ☐ Male   | ☐ Female     | DD MM          | YY        | □ No        | ☐ Yes      |
|   | ☐ Male   | ☐ Female     | DD MM          | YY        | □ No        | ☐ Yes      |
|   | School Enrolment Form  | Version 3.0  | July 2019      |           |             | 7          |

| Other Preschools and So  | chool  | s Atte | nded    |         |       |            |    |       |
|--|--------|--------|---------|---------|-------|------------|----|-------|
| Has your child previously attended a Department for Education preschool / scho                   | ool?   |        |         |         |       |            | No | □ Yes |
| If Yes, please specify the last Department for Education preschool / school atte                 | nded:  |        |         |         |       |            |    |       |
| List the two most recent preschools / schools attended. If unsure of the dates, please estimate. |        |        |         |         |       |            |    |       |
| Preschool / School Name  |        |        | From    |         |       |            | То |       |
|  |        | DD     | MM      | YY      |       | DD         | MM | YY    |
|  |        | DD     | MM      | YY      |       | DD         | MM | YY    |
| Any other information  | ı / co | mmen   | ts      |         |       |            |    |       |
|  |        |        |         |         |       |            |    |       |
|  |        |        |         |         |       |            |    |       |
|  |        |        |         |         |       |            |    |       |
|  |        |        |         |         |       |            |    |       |
|  |        |        |         |         |       |            |    |       |
|  |        |        |         |         |       |            |    |       |
|  |        |        |         |         |       |            |    |       |
|  |        |        |         |         |       |            |    |       |
|  |        |        |         |         |       |            |    |       |
|  |        |        |         |         |       |            |    |       |
|  |        |        |         |         |       |            |    |       |
|  |        |        |         |         |       |            |    |       |
|  |        |        |         |         |       |            |    |       |
| Parent / Guardian S  By signing this form you certify that all inform                            |        |        | is true | and acc | urate | <b>)</b> . |    |       |
| Signature of Parent 1 /<br>Legal Guardian 1:   |        |        |         | Date:   | D     | D          | MM | YY    |
| Signature of Parent 2 / Legal Guardian 2:  |        |        |         | Date:   | D     | D          | MM | YY    |
| Enrolment Interviewer:   |        |        |         |         |       |            |    |       |
| Data Entry Person:   |        |        |         |         |       |            |    |       |

School Enrolment Form

Version 3.0 July 2019

8