



## Student Information

Student Given Name: \_\_\_\_\_ Student Preferred Name: \_\_\_\_\_  
Student Family Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M / F  
Address: \_\_\_\_\_

Are you in our local area? YES / NO (if no please also fill out page 2 of this form)

Australian Citizen / Permanent Resident / Temporary Visa / Other  
(please circle)

Parent/carer's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Contact number: \_\_\_\_\_

Parent/carer's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Contact number: \_\_\_\_\_

Family email address for correspondence: \_\_\_\_\_

Health issues or allergies? \_\_\_\_\_

Any learning / behaviour needs? \_\_\_\_\_

Currently attends a preschool, childcare service or school? YES/NO

If yes, name: \_\_\_\_\_

Sibling at Bankstown South Infants School or Padstow North? YES/NO \_\_\_\_\_

Sibling at another school? YES/NO, if yes which school? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(office use only)

Date of contact: \_\_\_\_\_ Staff Sign: \_\_\_\_\_

Documents: birth certificate  immunisation certificate  proof of address

Enrolment pack given: \_\_\_\_\_ Returned: \_\_\_\_\_

In area: yes / no Visa information required: yes / no

Entered in ERN: \_\_\_\_\_ SRN: \_\_\_\_\_

