

Bankstown South Infants School

Student Information

Student Given Name:Student Family Name:	Student Preferred Name:		
Address:			
Are you in our least eres? VES / NO (if no places	also fill out page 2 of this form)		
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:	· · · · · · · · · · · · · · · · · · ·	_	
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?			
Sibiling at another school: 1E5/1VO, if yes which school:			
Comments:			
(offi	ice use only)		
Date of contact:	Staff Sign:		
Documents: birth certificate □ immunisation certificate □ proof of address □			
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Enrolment pack given:	Returned: Visa information required: yes / n		
In area: yes / no			
Entered in ERN:	SRN:		

Application for Non-Local School Enrolment

(this section must be completed if you reside outside the local catchment area for Bankstown South Infants School)

SCHOOL PLACEMENT REQUEST		
Year / Grade applying for:	Proposed date of enrolment:	
REASON FOR APPLICATION		
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(Attach any further information that you feel my be relevant)		
Parent / Guardian Signature	Date:	
OFFICE USE ONLY	Local Government School:	
Place available? YES / NO	Parent advised on	
Signature		
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