

PARKLANDS SCHOOL

APPLICATION FOR ENROLMENT

At Parklands School we believe that each child is unique and should have the opportunity to develop to his or her full potential.

We aim to provide a positive introduction to school life creating a strong foundation to a lifelong enjoyment of learning.

To achieve this it is essential that the school and family are compatible. Accordingly, Parklands School has developed the following admission criteria for families.

- 1. The entry point for enrolment is as close to child's third birthday as possible and after the child's fourth birthday in special circumstances.
- 2. The readiness of the child.
- 3. The compatibility of the child and family with Parklands School.
- 4. Families who have siblings currently enrolled at Parklands School.
- 5. Date of order of receiving the application for enrolment.

STUDENT DETAILS	Sibling		
GIVEN NAMES	SURNAME		
Date of Birth //	Male Female		
DETAILS OF MOTHER (or Guardian 1)	DETAILS OF FATHER (or Guardian 2)		
First Name	First Name		
Surname	Surname		
Address	Address		
Suburb —	Suburb —		
State — Postcode — —	State — Postcode — —		
Ph: Home Work	Ph: Home Work		
Mobile	Mobile		
Email	Email		
Occupation	Occupation		

Enrolment Application. Year	Term	
Names of Siblings		
	Age	Attend Parklands Y N
	Age	Attend Parklands Y N
	Age	Attend Parklands Y N
	Age	Attend Parklands Y N
Is the child or sibling/s enrolled at another school? Please specify.	Y N	
Is the child or sibling/s attending another school / Please specify.	child care? Y N	
Contact details for Parklands School to obtain scho	ool reports / child care ol	oservations and discuss
information regarding your child's enrolment at thi	s school / child care.	
Name		
Organisation		
Phone		
CULTURAL & LINGUISTIC DETAILS		
Country of Birth.	Nationality.	
Language/s spoken at home?		
Is the student of Aboriginal or Torres Strait Islando	er descent Y N	
HEALTH & DISABILITY DETAILS		
Name of child's Doctor	Phone	
Relevant medical conditions		
Is your child on any regular prescribed medication If yes, please specify.	? Yes No	

Does your child have any allergies? Yes No If yes, please specify.
Can your child manage personal needs independently (toilet, dressing, eating). Yes No If no, please specify.
Do you have any concerns regarding your child's developmental progress? Yes No
If yes, please specify.
Do you have any concerns regarding your child's learning, behavioral or social development? Yes No If yes, please specify.
Has your child received allied health support? (psychologist, physiotherapist, occupational therapist,
speech pathologist etc) Yes No If yes, please specify.
Does your shild have any communication impairment? (see signing heaving side etc). Yes, No.
Does your child have any communication impairment? (use signing, hearing aids etc) Yes No If yes, please specify.

ENROLMENT DETAILS				
Parklands School is a unique independent school within the Albany community. Would you be willing to share with us what has brought you to seek enrolment for your child at Parklands?				
Parklands School welcomes parent involvement – would you be willing to let us know what interests				
and skills you may be willing to share in our school?				

DISCLAIMER				
Application Fee \$50.00 (non refundable) Sibling application fee \$27.50				
	Funds Transfer Parklands School BSB 306-001 Acct No. 0362274			
Your application will be acknowledged and a receip	t issueu.			
I/We hereby make an application for my child to be enrolled at Parklands School.				
I/We understand that the completion of the application does not guarantee a position within Parklands School.				
I/We have completed this application form fully and to the best of my/our knowledge.				
I/We acknowledge and accept that if it can be demonstrated that I/we have withheld information relevant to the application process, then enrolment may be refused on these grounds.				
I/We acknowledge payment of the non-refundable fee of \$50.00 / Sibling \$27.50				
Signed 1	Date			
Signed 2	Date			

ADMINISTRATION						
Application for Enrolment	Received	Application Fee	Receipt no.			
Interview date		1				
Enrolment Agreement	Date sent	Reply by Date	Reply received date	Waiting list letter		
Documentation	Birth Certificate	Medical Information	School reporting			
Cancellation details	Date received		Reply Date			