



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 <input type="checkbox"/>
GIVEN NAMES _____	SURNAME _____
Date of Birth ____ / ____ / _____	Male Female
<u>DETAILS OF MOTHER (or Guardian 1)</u>	<u>DETAILS OF FATHER (or Guardian 2)</u>
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? Y N Please specify.	
Is the child or sibling/s attending another school / child care? Y N Please specify.	
Contact details for Parklands School to obtain school reports / child care observations and discuss information regarding your child's enrolment at this 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 Islander descent Y N	
HEALTH & DISABILITY DETAILS	
Name of child's Doctor _____	Phone _____
Relevant medical conditions	
Is your child on any regular prescribed medication? Yes No If yes, please specify.	

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

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?

