Principal: Kirsty Brumby
Address: Gawler Road, Two Wells SA 5501
Phone: 08 8520 2277
Email: dl.0444.info@schools.sa.edu.au
Website: http://www.twowellsps.sa.edu.au/

EXPRESSION OF INTEREST TO ENROL

Enrolment Year:_____ Start Date:_____

Student Family Name: …… Student Given Names:..... ……Yr Level:____

Date of Birth: ……../……../…….. Gender: ……

Parent 1 or Legal Guardian 1
(Birth or Adoptive parent)

Family Name: .....

Given Names:.....

Phone Number: .....

Email Address: .....

……

Occupation: .....

Parent 2 or Legal Guardian 2
(Birth or Adoptive parent)

Family Name:.....

Given Names: .....

Phone Number:.....

Email Address:.....

……

Occupation:.....

Student Address Details *(Please provide proof of residence)*

Mailing Address (Of Parent / Legal Guardian with whom student lives the majority of school week)

Mailing Title: .....

Address Line 1: .....

……..

Suburb / Town:.....

Postcode:…… .....

Residential Address (if different):

Address Line 1:.....

……

Suburb / Town: .....

Postcode:……..

Other Information

Other Agency Involvement: Yes ☐ No ☐ **ATSI**: Yes ☐ No ☐

..... **EALD:** Yes ☐ No ☐

Special Learning Needs / Disability: Yes ☐ No ☐

..... **Any Health Issues**: Yes ☐ No ☐

....

Previous School ……

Court Orders

Are there any current Court-sanctioned orders relating to this student? Yes ☐ No ☐

If **Yes**, a copy of the order must be provided for the school's records. Please attach: Yes ☐ No ☐

On what date was the Full Court order issued? Date: ……/……/……

I have authority as Parent or Legal Guardian to provide this information

Parent or Legal Guardian (Birth or Adoptive parent)
Parent / Guardian 1:

Family Name: …… First Name: ……

Date: ……/……/…… Signature: ……..

Office use only

Date: ……/……/……..
Entered on Database: YES/NO Copy filed in students file: YES / NO INT:……

Any other information you would like us to know: (likes / dislikes, etc.)

Any Information that the Preschool would like to share:

Preschool staff name: _____ Date: _____