

NEW ENROLMENT REQUEST FORM

First name/s:	Date of Birth:	
Last Name:	Gender:	_
Home Address:		
Suburb: Time liv	ing at this address: Years:	Months:
* This should be the primary residential address where th	e child lives most of the time	
School currently attending:	Current year level:	
Zoned/local school:		
* To check your child's zoned school, visit https://www.ed.	ucation.sa.gov.au or scan the QR c	rode.
Does your child have any health concerns? Yes	No If yes, please specify:	
Does your child have a diagnosed disability? Yes	No If yes, please specify:	
Does your child identify as Aboriginal and/or Torres Strait	Islander? Yes No	
Is your child under a custody or guardianship order (Child	ren and Young People (Safety) Act	: 2017)? Yes No
Is there a court/intervention order in place? (If so, please	provide a copy) Yes No]
Country of Birth:		
Visa sub-class (if applicable):		
Date of Arrival in Australia (if applicable):		
Language/s spoken at home:		
Behavioural, social or emotional needs (if applicable):		
Details of parent/guardian registering interest (personal Name:	on submitting this form):	
Relationship to Child:		
Contact Number:		
Email Address:		
Have you applied to enrol at any other schools? Yes	No If yes, which school/s	?
Sibling/s currently enrolled at Hendon Primary School (if	applicable):	
Any other information:		
How did you hear about Hendon Primary School?		
 □ Word of mouth (friend/family recommendation) □ Social media (e.g. Facebook) □ Letterbox flyer/drop 	·	Google/internet search Onsite preschool/local kindy

This form must be completed in full. Incomplete or inaccurate information may delay the outcome.

