

Parkside Primary School

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ENROLMENT REGISTRATION OF INTEREST FORM

THIS FORM DOES NOT GUARANTEE ENROLMENT

Student Personal Details

Family Name:
Given Names:
Preferred Name:

Date of Birth: Sex: Male Female

Country of Birth: Visa Sub-Class (if applicable):

Does your child speak a language other than English at home? No, English only Yes

If so, Main Language Other Language

What date/term
are you seeking
admission for?

What Year Level
are you seeking
admission for?

Residential Address

Address Line 1:
Address Line 2:
Suburb/Town:
Postcode: Country:

What is the student's previous school or Kindergarten?
If overseas, nominate country. If interstate, nominate state.

Parent / Guardian 1

Parent / Guardian 2

Mr/Mrs/Ms/Other:
Family Name:
Given Names:
Sex: Male Female

Relationship to Student:

P/G1 Mobile Phone:

P/G1 Email Address:

Mr/Mrs/Ms/Other:
Family Name:
Given Names:
Sex: Male Female

Relationship to Student:

P/G2 Mobile Phone:

P/G2 Email Address:

In which country was P/G 1 born:

Does PG 1 speak a language other than English at home?

No, English only Yes

If so,

Main Language

Other Language/s

In which country was P/G 2 born:

Does PG 2 speak a language other than English at home?

No, English only Yes

If so,

Main Language

Other Language/s

Brothers and Sisters

Full Name	Sex	Date of Birth	Attends this School?
<input style="width: 100%;" type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input style="width: 100%;" type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input style="width: 100%;" type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input style="width: 100%;" type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes

Information that may support your application

Resident in school zone since:

Distance from school:

Other information:

Parent/Guardian Signatures

by signing this form you certify that all information given is true and accurate

Signature of Parent / Guardian 1:

Date:

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Signature of Parent / Guardian 2:

Date:

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OFFICE USE ONLY

PARKSIDE PRIMARY SCHOOL OFFICE USE ONLY – Documents Received

Rental Agreement <input type="checkbox"/>		Bond Receipt <input type="checkbox"/>		Rental Agreement Dates	<input style="width: 20px;" type="text"/>		<input style="width: 20px;" type="text"/>		<input style="width: 20px;" type="text"/>		<input style="width: 20px;" type="text"/>	to	<input style="width: 20px;" type="text"/>		<input style="width: 20px;" type="text"/>		<input style="width: 20px;" type="text"/>		<input style="width: 20px;" type="text"/>
Contract of Sale <input type="checkbox"/>		Council Rates <input type="checkbox"/>																	
Utilities <input type="checkbox"/>		Birth Certificate <input type="checkbox"/>		Passport <input type="checkbox"/>															

Date Received by PPS:

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