



ENQUIRY FOR ENROLMENT AT NURIOOTPA PRIMARY SCHOOL

STUDENT NAME: _____ Male / Female Date _____

Date of Birth: _____ Age: _____ Present Year Level _____

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Date of Birth: _____ Age: _____ Present Year Level _____

STUDENT NAME: _____ Male / Female Date _____

Date of Birth: _____ Age: _____ Present Year Level _____

PARENT/CAREGIVER NAME _____

ADDRESS _____

Phone: Home _____ Mobile _____ .Work _____

EMAIL ADDRESS _____

CURRENTLY ATTENDING _____

REASON FOR CONSIDERING ENROLMENT AT NURIOOTPA PRIMARY SCHOOL:

ANTICIPATED START DATE: _____

Identify as being Aboriginal or Torres Strait Islander: Yes No

SPECIAL LEARNING NEEDS: One Plan Yes No

MEDICAL CONDITONS AND HEALTH SUPPORT FOR STUDENT Yes No

Other _____

OFFICE USE ONLY

Interview/Tour Date _____ Time _____ With _____

Notes _____

Class/ Recommendation: _____

Principal _____ Date _____