**Expression of Interest for Student Enrolment: Prep to Year 6**

Thank you for your interest in joining the Lake Clarendon State School community!

Please complete this form and email to BSM@lakeclarendonss.eq.ed.au

**Student Details**

**Name of Student 1** Click or tap here to enter text. [ ]  **Male** [ ]  **Female** **Date of Birth** Click or tap to enter a date.

**Current School / Early Learning Centre** Click or tap here to enter text. **EOI for Year level** Choose an item. **Commencing in** Choose an item.

*Please indicate if either of the following applies so we can involve the appropriate people for your interview*

• **Student has a Medical Condition requiring regular medication or monitoring at school**: Choose an item.

**Please provide an outline**: Click or tap here to enter text.

• **Disability requiring adjustment to learning or school environment**: Choose an item.

**Please provide an outline**: Click or tap here to enter text.

• **Was your child born in Australia?** Choose an item.

*If your child was NOT BORN in Australia, evidence of Australian Citizenship or current visa status MUST be sighted at interview*.

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**Name of Student 2** Click or tap here to enter text. [ ]  **Male** [ ]  **Female** **Date of Birth** Click or tap to enter a date.

**Current School / Early Learning Centre** Click or tap here to enter text. **EOI for Year level** Choose an item. **Commencing in** Choose an item.

*Please indicate if either of the following applies so we can involve the appropriate people for your interview*

• **Student has a Medical Condition requiring regular medication or monitoring at school**: Choose an item.

**Please provide an outline**: Click or tap here to enter text.

• **Disability requiring adjustment to learning or school environment**: Choose an item.

**Please provide an outline**: Click or tap here to enter text.

• **Was your child born in Australia?** Choose an item.

*If your child was NOT BORN in Australia, evidence of Australian Citizenship or current visa status MUST be sighted at interview*.

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**Name of Student 3** Click or tap here to enter text. [ ]  **Male** [ ]  **Female** **Date of Birth** Click or tap to enter a date.

**Current School / Early Learning Centre** Click or tap here to enter text. **EOI for Year level** Choose an item. **Commencing in** Choose an item.

*Please indicate if either of the following applies so we can involve the appropriate people for your interview*

• **Student has a Medical Condition requiring regular medication or monitoring at school**: Choose an item.

**Please provide an outline**: Click or tap here to enter text.

• **Disability requiring adjustment to learning or school environment**: Choose an item.

**Please provide an outline**: Click or tap here to enter text.

• **Was your child born in Australia?** Choose an item.

*If your child was NOT BORN in Australia, evidence of Australian Citizenship or current visa status MUST be sighted at interview*.

**Parent / Guardian Details**

**Parent/Guardian 1, Name** Click or tap here to enter text.

**Address:** Click or tap here to enter text. **Postcode:** Click or tap here to enter text.

**Home phone:** Click or tap here to enter text. **Mobile:** Click or tap here to enter text.

**Work phone**: Click or tap here to enter text. **Email:** Click or tap here to enter text.

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**Parent/Guardian 2, Name** Click or tap here to enter text.

**Address:** Click or tap here to enter text. **Postcode:** Click or tap here to enter text.

**Home phone:** Click or tap here to enter text. **Mobile:** Click or tap here to enter text.

**Work phone**: Click or tap here to enter text. **Email:** Click or tap here to enter text.

**phone: Click or tap here to enter text. Email: Click or tap here to enter text.**

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Please email the completed form to BSM@lakeclarendonss.eq.ed.au

**Office use only**

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| EOI Status: 🞏 Yes 🞏 No 🞏 WaitlistEnrolment Pack sent: \_\_\_/\_\_\_/\_\_\_ Enrolment Interview Booked: \_\_\_/\_\_\_/\_\_\_Decline Letter sent: \_\_\_/\_\_\_/\_\_\_ |