



Paringa Park Primary School
 21 Bowker Street, North Brighton SA 5048
 Ph: 08 8296 8904



Government of South Australia
 Department for Education

ENROLMENT REGISTER APPLICATION / ALTERNATIVE PLACEMENT

Student Personal Details

Family Name:

Given Names:

Preferred Name:

Date of Birth:

* Sex Male Female

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

What date are you seeking admission for?

What Year Level are you seeking admission for?

| Biological Parent 1 or Legal Guardian 1 (Birth or Adoptive parent) | | Biological Parent 2 or Legal Guardian 2 (Birth or Adoptive parent) | |
|---|---------------------------------|---|---------------------------------|
| Mr/Mrs/Ms/Other: | <input type="text"/> | Mr/Mrs/Ms/Other: | <input type="text"/> |
| Family Name: | <input type="text"/> | Family Name: | <input type="text"/> |
| Given Names: | <input type="text"/> | Given Names: | <input type="text"/> |
| Sex: Male <input type="checkbox"/> | Female <input type="checkbox"/> | Sex: Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Relationship to student: | <input type="text"/> | Relationship to student: | <input type="text"/> |
| P/G1 Mobile Phone: | <input type="text"/> | P/G2 Mobile Phone: | <input type="text"/> |

Family Details

Family Phone Number: Silent? No Yes

Family Email Address:

Current Student Address Details

Residential Address (of Parent/Guardian with whom student lives)

Address Line 1:

Address Line 2:

Suburb/Town:

Postcode: Country:

Brothers and Sisters

| Name | Sex | Date of Birth | Attends this School? | | | |
|---|---|--|----------------------|--|--|--|
| <input style="width: 100%;" type="text"/> | Male <input type="checkbox"/> Female <input type="checkbox"/> | <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 33%;"> </td><td style="width: 33%;"> </td><td style="width: 33%;"> </td></tr></table> | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | | | | |
| <input style="width: 100%;" type="text"/> | Male <input type="checkbox"/> Female <input type="checkbox"/> | <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 33%;"> </td><td style="width: 33%;"> </td><td style="width: 33%;"> </td></tr></table> | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | | | | |
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| | | | | | | |

Information that may support your application

Resident in school zone since:

Distance from school:

Other:

Parent/Guardian Signatures

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

Signature of Parent 1/Guardian 1

Date:

Signature of Parent 2/Guardian 2 (if applicable)

Date:

Date Received by school: