DATE:

TIME:

Application for Enrolment

	(Student's Name)											
	Prep	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6					
(Please ✓)												
	In Catcl											
	Out of (
	Sibling											



BayView State School

		With this Application Please Enclose					
1. Copy of Birth Ce	rtific	cate or Visa/Citizenship.					
2. Copy of most re	cent	Report Card. (Year 1-6)					
3. Childcare Centre	e cor	nsent for transition statement. (Sign at Childcare Centre)					
4. Copy of most re	cent	NAPLAN test.					
5. Proof of Resider	ncy If	f In Catchment Area (Rates Notice / Rental Agreement + Utility Bill).					
6. Any confidential	mat	tters addressed to the Principal.					
7. Academic & Spe	cialis	st Info (Paediatric, Speech, Verification, Guidance, Learning support).					
8. Student Absence	e SM	IS Notification YES / NO—Preferred Mobile:					
9. Classroom Corre	espo	ndence / Newsletter—Preferred Email:					
All information relevant to your child's educational needs must be enclosed with this Application.		Enrolment Database		Medical Alert			
		OneSchool		Custody Alert			
		SEP Referral		Guidance Referral			
		Learning Support Referral		OFFICE USE ONLY			