

ENROLMENT EXPRESSION OF INTEREST

This form is not a confirmation of enrolment. An enrolment officer will contact you if there is a place available for your child and arrange a suitable time for you to collect an enrolment form to complete and return to the school prior to the start date.

Date of Enquiry:	Requested Start Date:		
Name of Student:	Date of Birth:	Proof: Y N	Year Level:
Please tick where appropriate: <ul style="list-style-type: none"> <input type="radio"/> Aboriginal or Torres Strait Islander student <input type="radio"/> Students with Disabilities <input type="radio"/> EALD student <input type="radio"/> Under Guardianship <input type="radio"/> Defence move 	Additional Details:		
Student's Previous School:	Date Last Attended School:		
Reason for Enrolment/Transfer:	Outside Agency Involvement/Support Services:		
Current Address:			
Proof of Residence: Y N			
Parent/Caregiver Name 1:	Contact Number:		
Relationship to child:	Email:		
Parent/Caregiver Name 2:	Contact Number:		
Relationship to child:	Email:		

Please email completed form to dl.1135.enrolments@schools.sa.edu.au

Please allow 5 working days for leadership staff to get in contact with you. Thank you for enquiring at Karrendi Primary School.