

Name of child: \_\_\_\_\_ MALE  FEMALE   
(First Name) (Surname)

Childs date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Aboriginal / Torres S. I YES  NO

Address: \_\_\_\_\_  
(Wickham PS is a local intake area school to residents of Wickham, Point Samson and Cossack)

Name of parent/guardian \_\_\_\_\_  
(First Name) (Surname)

Phone number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mob) \_\_\_\_\_

Name(s) and year level of brothers and sisters who attend Wickham PS  
\_\_\_\_\_

Permanent resident of Australia? YES  NO

If no, please indicate date entered Australia \_\_\_\_\_ Visa Sub Class No \_\_\_\_\_

Can your child speak/understand English? YES  NO

If your child's main language is other than English, please specify: \_\_\_\_\_

**Disability/ Medical Condition?**

This information will assist the school principal with considering whether any specific or additional resources are required and available to assist the school with providing the best educational program for your child.

Physical  Intellectual  Other  Medical Condition

Please outline the nature of disability/medical condition: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**CHECKLIST**

**Please email or provide copies of the following documents to secure enrolment**

**Proof of Address**

**Childs Birth Certificate**

**Immunisation History Statement**  
(no more than 2 months old)