



PLUMPTON HIGH SCHOOL - REQUEST FOR ENROLMENT

Please fill in the attached form and return it to us at your earliest convenience. Once completed, please drop it off in the front office at Plumpton High School or alternatively save form and attach to an e-mail. E-mail to: **plumpton-h.school@det.nsw.edu.au**

Intended Start Date:		Please Circle One:	Local Non-Local	If non-local, what is your local school:
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STUDENT DETAILS

Student's Surname:		Student's Given Name(s):	
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Student's Home Address:			
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Date of Birth:		Gender:	Female <input type="checkbox"/>	Male <input type="checkbox"/>
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Current School Year:	7 8 9 10 11 12	Current School:	
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Reason for changing schools:			
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Is the student of Aboriginal or Torres Strait Islander origin?:

No Yes, Aboriginal Yes, Torres Strait Islander Both Aboriginal and Torres Strait Islander

Cultural Background: _____

Are there any special circumstances about the student seeking to be enrolled that the school should know of prior to enrolment? (i.e. subject of a court order, AVO, out of home care arranged by the state, living apart from parental supervision, special learning needs, etc.)

No Yes If yes, please provide details and tick all that apply from the list below: _____

- | | | |
|---|--|---|
| <input type="checkbox"/> Reading Support | <input type="checkbox"/> Duke of Edinburgh (Year 9) | <input type="checkbox"/> Out of Home Care |
| <input type="checkbox"/> Aboriginal Education Officer | <input type="checkbox"/> English second language support | <input type="checkbox"/> Pacific Islander & Community Officer |
| <input type="checkbox"/> Court Orders / AVO | <input type="checkbox"/> Learning & Support | <input type="checkbox"/> Positive Psychology Referral |
| <input type="checkbox"/> Counsellor Referral | <input type="checkbox"/> Medical | |

Does the student have any social / emotional concerns the school should be aware of? (i.e. anxiety, conflict, etc.)

No Yes If yes, please provide details: _____

Does the student seeking to enrol have any siblings, relatives and/or friends who currently attend Plumpton High School?

No Yes If yes, please provide names and year group: _____

PARENT / GUARDIAN DETAILS

Mr / Mrs / Miss / Ms	Surname:		Give Name(s):	
Address:				
Suburb:		Postcode:		
Home Phone #:		Mobile Phone #:		
Work Phone #:		E-Mail Address:		
Relationship to student:		Does the student reside with you?	YES / NO	

THIS SECTION FOR YEARS 9 TO 12 ONLY

Subjects / Electives Required:	
1.	5.
2.	6.
3.	7.
4.	8.

EALD Requirements (if applicable)

Country of Birth:		Date of Arrival in Australia:	
Language Spoken at Home:		Is the student a permanent resident of Australia?:	YES / NO
Does the student live with Parents or Guardians?			

Required Documents

You must supply the follow original documents with this applicaiton:

- the student's birth certificate or passport
- the student's immunisation record
- proof of address - 2 forms** (i.e. rates notice, rental agreement, electricity account, etc.) of where student resides
- the student's most recent school report
- the student's most recent NAPLAN results

● Please note, both the student and the parent /guardian are to be at the enrolment interview

DECLARATION

I declare that the information provided in this application is, to the best of my knowledge and belief, accurate and complete. I am aware that if information I have given is false or misleading, any decision made as a result of this application may be changed.

Name of Parent / Guardian (print): _____

Signature of Parent / Guardian: _____

Date: _____