BRAY PARK STATE HIGH SCHOOL

Lavarack Road, Bray Park Qld 4500
PHONE: 3881-6666 Fax: 3881-6600
Email: enrolments@brayparkshs.eq.edu.au

EXPRESSION OF INTEREST - ENROLMENT

Student Name:_____

DOB: _____**Year Level:** _____(in 2021)

Are you currently living within the school catchment? ☐ Yes / ☐ No

Previous/Current School: _____

Reason/s for leaving current school: _____

Parents/Guardians Name: (*Mr / Mrs / Miss / Ms*) _____

Residential Address:_____

Suburb:_____ **P/Code**: _____

Contact details: Home: _____ Work: _____

Mobile: _____ Email: _____

Does your child have a sibling at <u>this school</u> already? ☐ Yes / ☐ No _____
Siblings Name & Year Level

Has your child been diagnosed or verified with a disability? ☐ Yes / ☐ No
Please indicate: ASD / ID / SLI / HI / PI / VI
Does the student currently access Learning Support? ☐ Yes / ☐ No

*If you have selected yes for either of these, please complete the Inclusive Education referral form.

Is English the primary language spoken at home: ☐ Yes / ☐ No (*Language spoken*:_____)
Report Card, Birth Certificate and proof of residency to be supplied via:
☐ Email ☐ In person ☐ Reason cannot supply: _____

Enquiry forward to: ☐ Jnr Sec D.P (*Yr7*) ☐ HOSES (*Inclusive Education*)

Office Use Only

Date Received/Forwarded:	Appt made (Day/Time):
Staff Code:	
In catchment: ☐ Yes / ☐ No	