



SAMFORD STATE SCHOOL

INDEPENDENT PUBLIC SCHOOL

Year Level sought in 2017:		OFFICE USE ONLY	
		Date / time Form Received:	
Would you like to enrol this year?	Yes	Received by:	
	No	Age Appropriate for Year Level: Yes / No	
		Checked by Deputy: <input type="checkbox"/> Name:	
IMPORTANT	<ul style="list-style-type: none"> Enrolment is based on the Samford State School "Enrolment Management Plan". This plan defines the Enrolment Boundary and details the process for consideration of "Out of Catchment" students. Complete an application for each child in your family eligible to enrol in primary school this year or next. This waiting list expires on the first Friday of Term 2 each year therefore a fresh application should be made annually. 		
Child's Surname:		Australian Citizen: Yes / No If No, Visa type:	
Child's Given Name:			
Child's Date of Birth:			
Parent's Surname:			
Parent's First Name:			
<p>*We must be able to contact you if a placement becomes available. Please advise the school of any changes to this information. You must respond to an offer of enrolment within 24 hours of offer to confirm placement. If we are unable to contact you an offer will be made to the next on the list.</p>			
<i>Initials</i>			
Current Address:			
Home Phone:			
Mobile Phone:			
Work Phone:			
Email:			
ALL Siblings	Please list all siblings (including step-siblings) younger than 12 years.		
Siblings Name:			Date of Birth:
Siblings Name:			Date of Birth:
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Siblings Name:			Date of Birth:
<p><i>I understand that supplying false or incorrect information on this form may lead to the reversal of a decision to approve enrolment. I believe that the information I have supplied on this form is true and correct.</i></p>			
Parent / Guardian Signature: _____ Date: ____/____/____			
Office Use Only for Accept / Decline			
Date Offer Made:		Offer Accepted <input type="checkbox"/> Date:	
		Offer Declined <input type="checkbox"/> Date:	
Offer Made By:			
Enrolment Commencement Date:			