



ELIZABETH EAST PRIMARY SCHOOL

DOLPHIN STREET, ELIZABETH EAST, S.A. 5112 PHONE: 8255 2262

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Enrolment Application

Date :	Male <input type="checkbox"/> Female <input type="checkbox"/>	Name of student:
Date of birth:	Current Year level:	Previous school:
Caregiver name:	Phone Number:	
Address:	Reason for transferring:	
NEP <input type="checkbox"/>	Disability <input type="checkbox"/>	
School Card <input type="checkbox"/>	NESB <input type="checkbox"/>	
ASTI <input type="checkbox"/>	Medical <input type="checkbox"/>	
GOM <input type="checkbox"/>		

Family circumstance:

Personal Interests:

Has the current school been informed if any student issues?

Learning information:

What steps have been taken to resolve these issues?

Any other information you would like to share about your child:

Proposed starting date at EEPS:

Proposed class teacher/ Room at EEPS:

Copies to:

Principal

Deputy Principal

Counsellor

P:\Strategic Communications\Online Communication Services\DECD Site Websites\Revamps__STOKES revamp directory\Elizabeth East Primary School\Resources\Information for Families\elizabeth_east_primary_school_enrolment_proforma.doc

Class Teacher □
Front Office □

ESL Teacher □
AET/ ACEO □

Nit Teachers □
Spec. Ed. □