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Junee High School

To Dream. To Create. To Succeed.

52 Lydia Street, Junee NSW 2663

Enrolment Enquiry Form

Name of student: _____ Date of Birth: _____

School most recently attended: _____ Scholastic Year: _____

If not enrolled in a NSW school, name of any previously attended NSW Public School: _____

Current address: _____

Parent/Caregiver Name: _____

Relationship to student: _____ Contact Number: _____

For out-of-home care, name of the managing agency/case worker: _____

Intended date of enrolment: _____ Email: _____

Do you have the following: ❑ Original Birth Certificate (or certified copy) ❑ Proof of Address

❑ Proof of Residency status (if not an Australian citizen)

❑ Court Orders or proof of custody (if applicable) ❑ Family Support Agency documents (if applicable)

Details of any special circumstances or related information to support the enrolment:

_____

_____

_____

Learning or behaviour support required: Yes / No (Please circle)

_____

_____

_____

Diagnosed medical conditions which may impact student at school (Anaphylaxis, Asthma, Allergy, Diabetes, etc):

_____

_____

_____

Do you have documentation to support this? Yes / N

OFFICE USE: Name of person taking enquiring _____

Date of enquiry: _____ Enquiry made: ❑ in person ❑ phone ❑ by email