Please supply the following information regarding your child if you are considering enrolling at Prescott Southern and post to:

Prescott Primary Southern
140 Pimpala Road Morphett Vale 5162
Phone: 83814290 Fax: 83873170

STUDENT INFORMATION

NAME OF CHILD:
Surname: ________________________________
Christian Names ________________________________
Male / Female (please circle)

HOME ADDRESS:
Street: ______________________________________
Suburb: ______________________________________ Postcode: __________
TELEPHONE: _______________________________ Is this a silent number? Yes/No

BIRTHDAY:
Date of Birth: __________________ Country of Birth __________________

SCHOOLS / PRE SCHOOL ATTENDED (IF APPLICABLE):
Name of Pre-School attended: ________________________________
Name of last school attended: ________________________________
Name of other schools attended: ________________________________
To be enrolled for Grade ________ for Term ________ Year

SPECIFIC LEARNING DIFFICULTY/ LEARNING DISABILITY
Has your child been diagnosed with a learning difficulty and/or disability Yes/ No
If yes please give details: ______________________________________
Has your child had a full Psychological Assessment? Yes / No
FAMILY INFORMATION

FATHER:
Name: __________________________________________________________
Occupation: ______________________________________________________
Home Address: ______________________________________________________
Telephone: (home) ________ (business) ________ (Mobile) ________
Religious Denomination (if applicable) ________________________________

MOTHER:
Name: __________________________________________________________
Occupation: ______________________________________________________
Home Address: ______________________________________________________
Telephone: (home) ________ (business) ________ Mobile ________
Religious Denomination (if applicable) ________________________________

IF DIVORCED/SEPARATED:
The child currently lives with ________ Father

ENGLISH AS A SECOND LANGUAGE
Language spoken at home: __________________________________________
Language first spoken by child: ______________________________________
Has your child attended an English as a Second Language Unit? Yes/No
If yes please state place and period of time: ______________________________
Is your child of Aboriginal or Torres Strait Islander origin?
If of both Aboriginal and Torres Strait Islander origin, mark both ‘yes’ boxes
[ ] No [ ] Yes, Aboriginal [ ] Yes, Torres Strait Islander

Signatures:
Mother: __________________________ Date: __________________________
Father: __________________________ Date: __________________________