



Seaford Rise Primary School
 Grand Boulevard, Seaford Rise SA 5169
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Government of South Australia
 Department for Education

EXPRESSION OF INTEREST FOR ENROLMENT

Student Personal Details	Student Residential Address
Family Name:	Address:
Given Names:	Suburb/Town:
Date of Birth:	Postcode:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Phone:
Is the student of Aboriginal or Torres Strait Islander origin? Yes <input type="checkbox"/> No <input type="checkbox"/>	Mobile:
Is this student an international student: Yes/No Visa Sub Class Code:	Have you attended a Principal Tour? Yes <input type="checkbox"/> No <input type="checkbox"/>
Commencement Year Level:	Medical Information:
Previous Kindy or School:	Special Learning requirements:
Date to commence school:	
Biological Parent or Legal Guardian 1	Biological Parent or Legal Guardian 2
Mr/Mrs/Ms/Other:	Mr/Mrs/Ms/Other:
Family Name:	Family Name:
Given Names:	Given Names:
Relationship to student:	Relationship to student:
Email Address:	Email Address:

By signing this form, you certify that all information given is true and accurate

Parent/Guardian 1 signature: _____ Date: _____

Parent/Guardian 2 signature: _____ Date: _____