



The Ela Murray International School  
**Application for Re-Enrolment 2012**

Prep – Grade 8

Date of application: \_\_\_\_\_

Date of Commencement \_\_\_\_\_

Photo

**Student Information**

Surname:		Year of entry	Grade
First name/s:			
Preferred first name:		DOB:	
Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Language spoken at home:	
Family situation - Child lives with:			
Place in family:	Religion:	Nationality:	

**Please fill in any information below that has changed from last year's form. If you are unsure, please check the school records or fill in the details again.**

Sibling's Names	Date of Birth	Grade (if at school)s

**Home Address**

Street address:
Suburb:
Home phone:
Postal Address:

**Mother/Guardian Details**

**Father/Guardian Details**

Name:	Name:
Address: (if different from above)	Address: (if different from above)
Work phone:	Work phone:
Home phone:	Home phone:
Mobile:	Mobile:
Email:	Email:
Nationality:	Nationality:
Occupation:	Occupation:



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Emergency Information			
Contact 1 Name:		Contact 2 Name:	
Hm Ph:	Wk Ph:	Hm Ph:	Wk Ph:
Mobile:		Mobile:	
Student's Doctor			
Name:		Phone:	

Fee Information		
Fee payer:	Self <input type="checkbox"/>	Employer: <input type="checkbox"/> Name:
Method of sending invoice:	Fax: <input type="checkbox"/> Number:	Email: <input type="checkbox"/> Address:
Payment Type:	Annual: <input type="checkbox"/>	Term: <input type="checkbox"/>

Health and Safety	
Does your child have any medical conditions that the school should be aware of? Nature of condition:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child require any medication? Details of medication:	Yes <input type="checkbox"/> No <input type="checkbox"/>



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**Special Needs**

This application gives you the opportunity to provide information that will facilitate the smooth transition of your child into our school. It will assist the school to develop appropriate strategies to meet the particular needs of your child. As specialist or support services are not available in PNG, the Board of Governors may refuse enrolment in the best interests of your child.

Any reports, assessments, supporting or relevant documents relating to your child must be made available to the school prior to acceptance of enrolment

***If the information provided is incomplete or misleading, any decision made as to enrolment may be revised.***

**Has your child been diagnosed with, or shows signs of:**

autism/Asperger's <input type="checkbox"/>	behaviour disorders <input type="checkbox"/>	a hearing impairment <input type="checkbox"/>
an intellectual disability <input type="checkbox"/>	a language disorder <input type="checkbox"/>	mental health issues <input type="checkbox"/>
a physical disability <input type="checkbox"/>	a vision impairment <input type="checkbox"/>	ADD / ADHD <input type="checkbox"/>
giftedness <input type="checkbox"/>	difficulties in basic learning areas <input type="checkbox"/>	acquired brain injury <input type="checkbox"/>

other (please specify)

**What accommodations and/or learning adjustments, if any, were provided for your child in his/her previous school/pre-school?**

alternative teaching and learning strategies <input type="checkbox"/>	signing <input type="checkbox"/>
braille <input type="checkbox"/>	a reader or scribe <input type="checkbox"/>
access to technology <input type="checkbox"/>	personal carer support <input type="checkbox"/>
modifications -equipment, furniture, learning spaces <input type="checkbox"/>	other (please specify)

**Does your child need support from any of the following?**

speech therapist <input type="checkbox"/>	occupational therapist <input type="checkbox"/>
physical therapist <input type="checkbox"/>	other (please specify) <input type="checkbox"/>

**Does your child have behaviour issues that may impact on the learning of others? Yes  No**

**Please provide details:**

