

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_



**The Ela Murray International School - Ela Beach Early Learning Centre**  
**Application for Enrolment – New Student**

2014

Photo

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

Commencement date: \_\_\_\_\_

Student Information		
Surname:	DOB:	Date of commencement:
First name/s:		
Preferred first name:		
Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Language(s) spoken at home:
Family situation: Child lives with:		
Place in family:	Nationality:	Religion:

Placement*		Mon	Tues	Wed	Thu	Fri
Toddlers (from 18 months)	8:00-2:30					
Reception (3 before March 31 and toilet trained)	8:00-2:30					
Transition (4 before March 31 and toilet trained)	8:00-2:30					

\*Days selected are for one term. There will not be a refund for requested days not used.

Siblings Name	Date of Birth	Grade (if at school)

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:
Mother tongue:	Mother tongue:

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



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<b>Home Address</b>
Street address:
Suburb
Home phone:

<b>Postal Address:</b>

<b>Emergency Information (other than parents)</b>			
Contact 1 Name:		Contact 2 Name:	
Hm Ph:	Wk Ph:	Hm Ph:	Wk Ph:
Mobile:		Mobile:	

<b>Student's Doctor</b>	
Name:	Phone:

<b>Language Background</b>			
<b>Child's first language is</b>			
Please indicate the proficiency level of first language	<b>Fluent</b>	<b>Developing</b>	<b>Beginner</b>
Spoken			
<b>Child's second language is</b>			
Please indicate the proficiency level of second language	<b>Fluent</b>	<b>Developing</b>	<b>Beginner</b>
Spoken			
What other language(s) does the child speak?			

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



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**Special Needs**

This application gives the opportunity to provide information that will facilitate the transition of your child into our school. It will assist us to develop 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.*

**My child was 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 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



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- In the event of the school being unable to contact parents/guardians in an emergency, I give permission to arrange medical and/or dental treatment, as required.
- I give permission for my child to attend school excursions. The school will notify parents prior to the excursions regarding specific details.
- I understand that images of my child may be used in school publications, including the school website.
- I have read the Parent Handbook and the Code of Behaviour and agree to abide by school policies.
- I agree to make suitable arrangements to deliver my child to school prior to the commencement of lessons each day. I will ensure that my child is collected promptly (within 15 minutes of dismissal time of 2:30) at the end of the school day.
- I undertake to pay fees in accordance with the School Fee Policy and understand that a space will not be held if fees are not paid before the start of the school year/term.
- Selected days are for one term and changes to days can only happen per term. No refund will be given if the requested days are not used during the term.
- I will notify the school if there are any changes to the information on this form, in particular contact information and living arrangements.

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**OFFICE USE ONLY**

<b>Admitted to Grade:</b>	<b>Class:</b>	<b>House:</b>
<b>Student key:</b>	<b>Family Acct:</b>	<b>Admission Number:</b>
<b>Tuition Fee:</b>	<b>Discount:</b>	<b>Tag:</b>

**Admission Date:** \_\_\_\_\_ **Principal's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Birth Certificate/Passport sighted:** Yes  No  **Transfer Certificate provided:** Yes  No

**Bus requested?** Yes  No  **Morning**  **Afternoon**