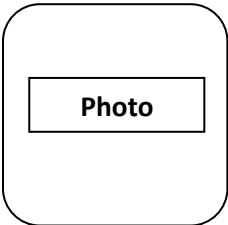




The Ela Murray International School
Murray Site Prep – Grade 8
Application for Enrolment – New Student



Date of application: _____ Date of Commencement _____

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

Sibling's Names	Date of Birth	Grades (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"/>
Method of sending invoice:	Fax: <input type="checkbox"/>	Name:
Payment Type:	Number:	Email: <input type="checkbox"/>
	Annual: <input type="checkbox"/>	Address:
		Term: <input type="checkbox"/>



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Home Address

Street address:

Suburb:

Home phone:

Postal Address:

Emergency Information (other than parents)

Contact 1 Name:

Contact 2 Name:

Hm Ph:

Wk Ph:

Hm Ph:

Wk Ph:

Mobile:

Mobile:

Student's Doctor

Name:

Phone:

Previous school/preschool information (please attach reports and any other documentation)

Name and contact details of previous school / pre-school:

Grade enrolled in last year: _____

I / We give permission for The Ela Murray International School to contact previous school/pre-school Yes No

Signature of parent or guardian _____

Date _____

Signature of parent or guardian _____

Date _____

(Please note that refusal to give permission may affect acceptance of enrolment)

Language Background

Child's first language:

Please indicate the proficiency level of first language

Fluent

Developing

Beginner

Spoken

Reading

Writing

Child's second language:

Please indicate the proficiency level of second language

Fluent

Developing

Beginner

Spoken

Reading

Writing

What other language(s) does the child speak?



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Health and Safety

Does your child have any medical conditions that the school should be aware of? Yes No

Nature of condition:

Does your child require any medication? Yes No

Details of medication:

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. **Note, if an enrolment is accepted and it is determined that a child needs significant extra learning support, there will be additional costs incurred over and above school fees.**

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 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:

