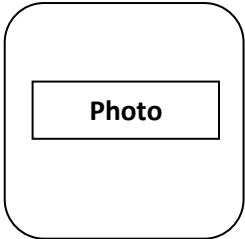




The Ela Murray International School
Ela Beach Site Early Learning Centre
Application for Enrolment – New Student



Date of application: _____ **Date of Commencement:** _____

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 2 years)	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	Five days only				

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

Sibling's Names	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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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:

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

Health and Safety	
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		
<p>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.</p> <p>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.</p> <p style="text-align: center;"><i>If the information provided is incomplete or misleading, any decision made as to enrolment may be revised.</i></p>		
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 <input type="checkbox"/> No <input type="checkbox"/> Please provide details		

