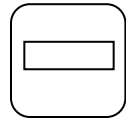




**The Ela Murray International School**  
**Murray Site Prep – Grade 8**  
**Application for Enrolment – New Student**



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

Please attach (1) a passport size photo and (2) a photocopy of the birth certificate or photo page of the passport.

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:

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:
Mother tongue:	Mother tongue:

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:	



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

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"/>
Does your child have any dietary restrictions/food allergies that the school should be aware of? Nature of restrictions/allergies:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>	
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			



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<b>Child's second language:</b>			
Please indicate the proficiency level of second language	<b>Fluent</b>	<b>Developing</b>	<b>Beginner</b>
Spoken			
Reading			
Writing			
What other language(s) does the child speak?			

**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:**



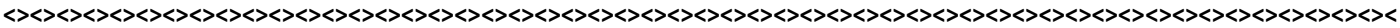
**The Elia Murray International School**  
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<b>Religious Instruction</b>
Please select your preferred option below: Protestant <input type="checkbox"/> Catholic <input type="checkbox"/> Values Education <input type="checkbox"/>

- 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. The cost of this treatment will be covered by the parent.
- 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 and IEA publications, including the school and IEA websites.
- I have read the Parent Handbook and the Code of Behaviour and agree to abide by school policies.
- I agree that my child will wear the correct uniform in good condition.
- 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 20 minutes of dismissal time of 2:30) at the end of the school day. I understand that consistent late arrival or collection of my child may affect enrolment at the school.
- 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.
- 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**

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

Admission Date: \_\_\_\_\_ Signature Principal \_\_\_\_\_

Birth Certificate/Passport sighted:      Yes       No       Date: \_\_\_\_\_

Transfer Certificate provided:      Yes       No       Reports previous school      Yes       No