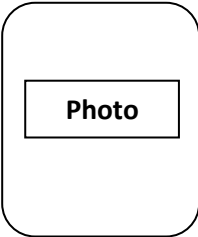




**The Ela Murray International School**  
**Murray Site Prep – Year 8**  
**Application for Enrolment – New Student**



<b>Office Use Only – Received by:</b>	<b>Date of Application</b>	
	<b>Notes:</b>	
	<b>Finance - Date of Commencement</b>	

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

<b>Student Information</b>			
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:	

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

<b>Postal Address:</b>

<b>Mother/Guardian Details</b>	<b>Father/Guardian Details</b>
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:



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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:	

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

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)	



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<b>Language Background</b>			
<b>Child's first language:</b>			
Please indicate the proficiency level of first language	<b>Fluent</b>	<b>Developing</b>	<b>Beginner</b>
Spoken			
Reading			
Writing			
<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?			

<b>Special Needs</b>		
<p>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. <b>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.</b></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>		
<b>My child was diagnosed with, or shows signs of:</b>		
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)		
<b>What accommodations and/or learning adjustments, if any, were provided for your child in his/her previous school/pre-school?</b>		
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)	
<b>Does your child need support from any of the following?</b>		
speech therapist <input type="checkbox"/>	occupational therapist <input type="checkbox"/>	
physical therapist <input type="checkbox"/>	other (please specify) <input type="checkbox"/>	

