



The Ela Murray International School Application for Re - enrolment



Please return to the the school office by Friday 23rd October

Date of Application: _____

I wish to re-enrol my child(ren) for 2022. Please fill the table below for children who attend the Murray site.

Prep – Year 8 Child’s name	Yes	No	Year Group

If No for all of your children, please return this form to the office, there is nothing further that you need to complete

If Yes for any of your children, to ensure that our records are up to date, please complete all details in the form below:

ELC Child 1 – Name: _____ DOB: _____

2022 ELC Placement* (please read the statement below)		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				

ELC Child 2 – Name: _____ DOB: _____

2022 ELC Placement* (please read the statement below)		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				

Change of days selected can only be made every half term. There will not be a refund for requested days not used.



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Mother/Guardian Details	Father/Guardian Details
Name:	Name:
Home Address	Home Address:
Work phone:	Work phone:
Home phone:	Home phone:
Mobile:	Mobile:
Email:	Email:

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

Emergency Information			
Contact 1 Name:		Contact 2 Name:	
Hm Ph:	Wk Ph:	Hm Ph:	Wk Ph:
Mobile:		Mobile:	

Student's Doctor	
Name:	Phone:
Have there been any changes in the medical condition of your child Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please provide details:	

- 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 agree to abide by school policies.
- 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: _____