



# Lowood State High School

## Enrolment Enquiry Form

Please note that completion of this form is not confirmation of enrolment

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Year Level: \_\_\_\_\_

Previous School: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Do you reside within our school catchment (please circle): YES/NO

If no, please request to complete an 'Out of Catchment – Expression of Interest' Form

### PARENT/CARER ONE

Parent/Carer 1 Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Parent/Carer 1 Contact Number: \_\_\_\_\_

Parent/Carer 1 Residential Address: \_\_\_\_\_

Parent/Carer 1 Email Address: \_\_\_\_\_

### PARENT/CARER TWO (If Applicable)

Parent/Carer 2 Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Parent/Carer 2 Contact Number: \_\_\_\_\_

Parent/Carer 2 Residential Address: \_\_\_\_\_

Parent/Carer 2 Email Address: \_\_\_\_\_

Parent/Carer Name: \_\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please note this form is 2 sided and check to complete the other side if possible.

**We will contact you as soon as possible with an available time for an enrolment interview**

### OFFICE USE ONLY

Date Received: \_\_\_\_\_

Enrolment Interview Date and Time: \_\_\_\_\_

**Please Complete in Order of Preferential Contact and note you do not need to complete out every contact**

**EMERGENCY CONTACT 1 (Write "As Above Carer 1/Carer 2" if the same person)**

Parent/Carer 2 Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Parent/Carer 2 Contact Number: \_\_\_\_\_

**EMERGENCY CONTACT 2 (Write "As Above Carer 1/Carer 2" if the same person)**

Parent/Carer 2 Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Parent/Carer 2 Contact Number: \_\_\_\_\_

**EMERGENCY CONTACT 3 (Write "As Above Carer 1/Carer 2" if the same person)**

Parent/Carer 2 Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Parent/Carer 2 Contact Number: \_\_\_\_\_

**EMERGENCY CONTACT 4 (Write "As Above Carer 1/Carer 2" if the same person)**

Parent/Carer 2 Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Parent/Carer 2 Contact Number: \_\_\_\_\_

**EMERGENCY CONTACT 5 (Write "As Above Carer 1/Carer 2" if the same person)**

Parent/Carer 2 Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Parent/Carer 2 Contact Number: \_\_\_\_\_

**EMERGENCY CONTACT 6 (Write "As Above Carer 1/Carer 2" if the same person)**

Parent/Carer 2 Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Parent/Carer 2 Contact Number: \_\_\_\_\_