



Port Lincoln Junior Primary School

P.O. Box 1785, Port Lincoln
South Australia, 5606

Telephone: (08) 8682 1226
Facsimile: (08) 8682 5866

INTENTION TO ENROL

Child's name: Date of birth: M / F

Parent/s name: Ph: Mob:

Email address:

Postal Address:

IT IS AN EDUCATION DEPARTMENT REQUIREMENT THAT PROOF OF BIRTH IS SIGHTED AT TIME OF ENROLMENT

Year intending to enrol: **2017 2018** Please circle

Year level intending to enrol: **Reception Year 1 Year 2** Please circle

Name of Current School/Kindy:

What year level if transferring schools:

Three words to describe your child:

Special learning needs (ie speech therapy, occupational therapy, developmental delay):
.....

Aboriginal: Born Overseas: Date of Arrival in Australia:

Siblings currently at Port Lincoln Junior Primary or Port Lincoln Primary:

Name: School: Date of birth:

Name: School: Date of birth:

Name: School: Date of birth:

Any further information:
.....

Please sign for permission to exchange information with Preschool.

SIGN & DATE

There will be one intake in January each year for children turning 5 before 1st May. Please contact us for further information.

- Your child's name will be added to PLJPS Mailing List for communication regarding enrolment.
- Please inform the school of any change to your mailing address or contact details.
- Please retain a copy of this for your records

Office use only **Date received:** **Principal/Deputy authorisation:**