

New Enrolment - Documentation Checklist

Tick Box

1. **Completed Enrolment Application** (All questions must be answered)
2. **Birth Certificate/Citizenship/Visa** (Originals must be sighted) **DOB:** _____
3. **Immunisation History Statement** (Up to date: Circle: Yes / No)
4. **Residential Address Check - In Area applications (100 point check required)**

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Address: _____

Document showing the full name of the child's parent	POINTS
1. Only one of (i.e. no additional points for additional documents) 1.1. Council rates notice 1.2. Lease agreement through a registered real estate agent for a period of at least 6 months or rental board bond receipt 1.3. Exchanged contract of sale with settlement to occur within the applicable school year	40
2. Any of the following 2.1. Private rental agreement for a period of at least 6 months 2.2. Centrelink payment statement showing home address 2.3. Electoral roll statement Name sighted : _____	20 each
3. Any of the following documents 3.1. Electricity or gas bill showing the service address* 3.2. Water bill showing the service address* 3.3. Telephone or internet bill showing the service address* 3.4. Drivers licence or government issued ID showing home address* Name sighted _____ 3.5. Home building or home contents insurance showing the service address 3.6. Motor vehicle registration or compulsory third party insurance policy showing home address 3.7. Statutory declaration stating the child's residential address, how long they have lived there, and any supporting information or documentation of this.	15 each

*Up to three months old

5. **Court Orders** – Family Law, Court Orders (Circle: applicable / not applicable) Copy Provided ☐
6. **SRE & SEE** _____
7. **Permission to Publish** (Circle: Yes / No)
7. **Anaphylaxis / Allergies** (Circle: Yes / No) ASCIA Plan Supplied ☐ EpiPen/Medication ☐
8. **Asthma** (Circle: Yes / No) Asthma Plan Supplied ☐ Ventolin Supplied ☐
9. **Other Medical / Health Conditions** (Yes / No) Health Care Plan ☐ Medication Supplied ☐
10. **Other Special Circumstances / Disability / Learning Support Needs** (Circle: Yes / No)

NO APPLICATION WILL BE ACCEPTED UNLESS ALL DOCUMENTATION IS PROVIDED

(02) 4267 1469 * Roxburgh Avenue, Thirroul NSW 2515 * Email : thirroul-p.school@det.nsw.edu.au

Office Use Only : Signed: _____ Date: _____

Student Name : _____ SRN : _____
