



BRAY PARK STATE HIGH SCHOOL

Lavarack Road, Bray Park Qld 4500
PHONE: 3881-6666 Fax: 3881-6600
Email: admin@brayparkshs.eq.edu.au



EXPRESSION OF INTEREST - ENROLMENT

Student Name: _____

DOB: _____ **Year Level:** _____ (in 2019, 2020, 2021 please circle)

Are you currently living within the school catchment? Yes / No

Previous/Current School: _____

Reason/s for leaving current school: _____

Parents/Guardians Name: (*Mr / Mrs / Miss / Ms*) _____

Residential Address: _____

Suburb: _____ **P/Code:** _____

Contact details: Home: _____ Work: _____

Mobile: _____ Email: _____

Does your child have a sibling at this school already? Yes / No _____
Siblings Name & Year Level

Has your child been diagnosed or verified with a disability? Yes / No

Please indicate: ASD / ID / SLI / HI / PI / VI

Does the student currently access Learning Support? Yes / No

*If you have selected yes for either of these, please complete the Inclusive Education referral form.

Is English the primary language spoken at home: Yes / No (*Language spoken:* _____)

Report Card, Birth Certificate and proof of residency to be supplied via:

Email In person Reason cannot supply: _____

Enquiry forward to: Jnr Sec D.P (Yr7) Jnr Sec D.P (Yr8,9)

Sen Sec D.P (Yr10) Guidance Officer (Yr 11,12) HOSES (*Inclusive Education*)

Office Use Only

Date Received/Forwarded:	Appt made (Day/Time):
Staff Code:	
In catchment: <input type="checkbox"/> Yes / <input type="checkbox"/> No	