



# BRAY PARK STATE HIGH SCHOOL

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



## EXPRESSION OF INTEREST - ENROLMENT

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

**DOB:** \_\_\_\_\_ **Year Level:** \_\_\_\_\_ (in 2021)

**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)  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	