

BRAY PARK STATE HIGH SCHOOL

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An Independent Public School

BRAY PARK
STATE HIGH SCHOOL



Challenge
The Unknown

EXPRESSION OF INTEREST-ENROLMENT

Email: enrolments@brayparkshs.eq.edu.au

Student Full Name: _____

DOB: _____

Year Level: _____

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

Previous/Current School: _____

Reason/s for leaving current school: _____

Report Card (Most Recent), Birth Certificate and proof of residency to be supplied via: Email In person

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 _____

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



Do you require an interpreter for correspondence with BPSHS?

Please indicate if any of the following apply to your child: (this will be discussed in more detail at the enrolment interview)

A diagnosed or verified disability, ASD, ID, PI, VI, HI, SLI		Emergency action plan/health management plan for a health condition:	
Learning support			
Social/emotional support		Medication at home or school	
Other:			

Office Use Only:

Date Received/Forwarded:

by Staff Code:

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Queensland
Government