



Vistara Primary School

APPLICATION FOR ENROLMENT

Student's Full Name:
Parent's/Guardian's Full Name:
Proposed Year and Year level for Entry: <div style="text-align: right; margin-top: 10px;">YR 20 __ __</div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Kindergarten <input type="checkbox"/> Yr 1 <input type="checkbox"/> Yr 2 <input type="checkbox"/> Yr 3 <input type="checkbox"/> Yr 4 <input type="checkbox"/> Yr 5 <input type="checkbox"/> Yr 6 </div>

Vistara Primary School

Lot 8 Richmond Hill Rd

Richmond Hill via Lismore NSW 2480

Website: www.vistara.nsw.edu.au

Email: visps@bigpond.net.au

Ph: 02 66244 127

Fax: 02 66241 658

This application form is to place your child on the appropriate waiting list. Enrolment is not confirmed until a letter of offer has been signed and returned and enrolment fees paid. An Application Fee of \$20 is to be paid at the time of returning this form. The Application fee can be paid by cash or cheque and is non refundable.

Office Use Only:

YEAR LEVEL FOR WHICH ADMISSION IS SOUGHT	<input type="checkbox"/> K <input type="checkbox"/> YR1 <input type="checkbox"/> YR 2 <input type="checkbox"/> YR 3 <input type="checkbox"/> YR 4 <input type="checkbox"/> YR 5 <input type="checkbox"/> YR 6	
Proposed Year & Term of commencement	Year 20 __ __	Term <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Application Fee has been received	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Details checked and enrolment offer made	Accepted:	Additional information

A. Student Details			
Family Name		Commencement in Yr 20__?	
Given Name		Grade/Year Level	
Middle Name/s		Previous School	
Preferred Name		Previous School Year level/ Grade	
Address of Student			
Date of Birth	__/__/__	Preschool	
Gender	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other	Previous School Report included	<input type="radio"/> Yes <input type="radio"/> No

B. Parent/Guardian 1 whom this student mostly lives with		Parent /Guardian 2	
Family Name		Family Name	
Given Name		Given Name	
Preferred Name		Preferred Name	
Relationship to Student (e.g. birth mother/ mother/ father/ guardian /other)		Relationship to Student (e.g. birth mother/ mother/ father/ guardian /other)	
Mailing Address (if different from above)			
Home Phone		Home Phone	
Mobile Phone		Mobile Phone	
Email Address		Email Address	
Additional information			

C. Student details - Special Circumstances

Are there any special circumstances about the student that the school should know about, (e.g. medical conditions, special gifts or talents, special needs, psychological test results, results of testing that may impact on the students education, is an overseas student, English as a second language?)

☐ Yes ☐ No

If **yes**, please provide a brief description of the circumstances. Write in the space below. If you require more space, please attach a separate paper to this form clearly specifying "Special Circumstances".

[illegible]

D. Declaration:

This application gives you the opportunity to provide information that will facilitate the smooth transition of your child into our school. It will assist the school to develop appropriate strategies to meet the particular needs of your child. If the information provided is incomplete or misleading, any decision made as to enrolment may be revised.

- 1) I/We have read and understood the Vistara Primary School's
 - a) Enrolment Policy and Procedures
 - b) Fees List and Fee Policy Agreement document for the current or enrolling year and accept the payment responsibilities, terms and conditions outlined in this policy
 - c) Standard Notice - Privacy
 - d) Parent Information Booklet for the current year and or the year of enrolment and accept and agree to comply with the rules and principles outlined within them.
- 2) I/We agree to support the ethos of the school
- 3) I/We agree that all the information given to the school is current and accurate.

I declare that the information provided in this application is, to the best of my knowledge and belief, accurate and complete. I am aware that if information I have given is false or misleading, any decision made as a result of this application may be changed.

Signature of Parent/Guardian No. 1 _____
(at least one of the student's parents/guardians must sign the application to enroll)

Print Full Name _____ **Date:** ____ / ____ / ____
day month year

Signature or Parent/Guardian No. 2 _____

Print Full Name _____ **Date:** ____ / ____ / ____
 day month year