

Primary:
Hillvue Rd
PO Box 5225
South Tamworth
Ph: 67657 847

Infants:
Robert St
PO Box 5225
South Tamworth
Ph: 67658 569

St Edward's School Expression of Interest Application Form

FOR OFFICE USE ONLY:
Interviewed: _____
Date Form received: _____
Form sent to Primary: _____

Student and Family Information

Child's Surname: _____ Christian Names: _____ Sex: _____ Religion: _____

Address: _____ Date of Birth: _____

Phone: _____ Mobile: _____

Year of Enrolment: _____ Grade: _____

Pre School Attended: _____

Sacrament	Date Received	Parish Received
Baptism		

Contact Information for Parent
Surname: _____
Christian Name: _____
Mobile No: _____
Work Phone No: _____

Medical Information

Medical History

Prenatal Concerns	Yes/No	Asthma	Yes/No	Knocked Unconscious	Yes/No
Birth Concerns	Yes/No	ADD (Attention Deficit Disorder)	Yes/No	Stomach Complaints	Yes/No
Postnatal Concerns	Yes/No	Head Injury	Yes/No	Very High Temperatures	Yes/No
Vision Concerns	Yes/No	Frequent Colds	Yes/No	Epilepsy	Yes/No
Hearing Concerns	Yes/No	Ear Infection	Yes/No		
Allergies	Yes/No	Convulsions	Yes/No		

Please add any other information, which may be helpful: e.g. physical disability, vision impaired, hearing impaired etc. _____

Other Information (please print)

Any additional information you would like us to know about your child e.g. Learning Difficulties, gifted/talented, learning disability, social/emotional, communication/language disorder etc.

If your child has a particular learning need of which the school should be informed, outline this briefly

Are there any facts of which the Principal should be aware?

Parent Declaration

I, the undersigned declare that the information I have given in this expression of interest application form is correct and that I have disclosed all information necessary to help in the education of my child. I agree to advise the school of any changes to these details.

Signature of Parent/Guardian: _____ Date: _____