

**Application to transfer to a South Australian government school
Prospect Primary School**



Personal Details (Please print details)			
Full name of student: _____ Female <input type="checkbox"/> Male <input type="checkbox"/> Country of birth _____ Visa sub-class (if applicable) _____ Other main language spoken at home? <input type="checkbox"/> English only <input type="checkbox"/> Other language is _____ Does the student identify as Aboriginal and/or Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the student in care and subject to a custody or guardianship order under the <i>Children and Young People (Safety) Act 2017 (SA)</i> ? Yes <input type="checkbox"/> No <input type="checkbox"/>		Year level you are applying for, and starting date requested: Year level _____, Term _____ 20_____ Date of birth of student: ____/____/____ (dd/mm/yyyy) Proof provided: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Residential address of student (must be completed): _____ Evidence supplied? <input type="checkbox"/> Yes <input type="checkbox"/> No Student's home address (residential only): _____ Suburb: _____ State: _____ Postcode _____			
Current / previous school the student is/was enrolled: Name: _____ Suburb: _____ State: _____ Postcode _____ I give permission for information to be sought from the previous school by the principal. <input type="checkbox"/> Yes <input type="checkbox"/> No		Current year level: _____	
Surname of parent making the application (for persons under 18 years old): _____		Given names: _____ Relationship to student: _____	
Email contact: _____	Mobile Phone No: _____	Work (if convenient): _____	Telephone – Home: _____
Please indicate the reasons wanting to enrol at this school (✓): <input type="checkbox"/> the student's home has changed and is now living in the school zone <input type="checkbox"/> the student is moving from an interstate, overseas school or a school outside the South Australian public schooling system <input type="checkbox"/> Other reasons			
Details			
I declare that the information provided on this form is true and factual. I understand that any offer to transfer to the school following this process will be subject to consideration and acceptance of a completed school enrolment form.			
Signature of parent: _____ Date: _____			
Are all parents with parental responsibility for this student aware and agree to this transfer request? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, please provide further details as to reasons (or contact the school directly to discuss) _____			
Office Use Only Date received			