IN CATCHMENT ENROLMENT BOOKING FORM

PLEASE NOTE: IF YOU ARE IN CATCHMENT, YOU ARE ***GUARANTEED*** ENROLMENT

SPRINGFIELD CENTRAL SS

FAMILY DETAILS

FAMILY NAME PARENT/CAREGIVER 1	GIVEN NAME PARENT/CAREGIVER 1	Title	GENDER M/F	RELATIONSHIP TO STUDENT/s	OCCUPATION
Mobile:		**E-mail:**			
FAMILY NAME PARENT/CAREGIVER 2	**GIVEN NAME PARENT/CAREGIVER 2**	**Title**	**GENDER M/F**	**RELATIONSHIP TO STUDENT/s**	**OCCUPATION**
Mobile:		**E-mail:**			
IN CATCHMENT ADDRESS:					
OR: The following siblings are currently enrolled at SCSS: (please list student name/s and class here)					
Sibling 1	***Class***	***Sibling 2***	***Class***		
Sibling 3	***Class***	***Sibling 4***	***Class***		
Which year do you wish to enrol your student (e.g. 2026, 2027)					

STUDENT DETAILS

Current Yr Level	FAMILY NAME	GIVEN NAME	GENDER	DOB	CURRENT SCHOOL/CENTRE (if applicable)	ADDITIONAL NEEDS YES/NO	

Springfield Central State School will contact you to initiate the completion of official enrolment forms.

When they are submitted you will be required to provide:

- ***a copy of your child/ren's birth certificate***
- ***two proof of residency documents***
- ***if born overseas, a valid visa and passport for viewing and copying***
- ***two recent reports if available***

You will be invited via e-mail to PARENT INFORMATION SESSIONS / PREP PLAY DATE (dates to be advised)

- ✓ **This application is based on the fact that we live IN CATCHMENT**
- ✓ **I understand that completing this form does not constitute enrolment**
- ✓ **I understand that I am required to complete enrolment forms later in the year**
- ✓ **I understand that I am required to provide proof of residency to confirm enrolment**

I thank you for your interest in our great school and look forward to educating your child/ren.
Mrs Angela Gooley - PRINCIPAL

PLEASE RETURN COMPLETED FORM TO ADMIN OR VIA EMAIL to enrolment@springfieldcentralss.eq.edu.au
This form is also available at www.springfieldcentralss.eq.edu.au