



PRESCOTT COLLEGE SOUTHERN

140 PIMPALA ROAD MORPHETT VALE
PH: 8381 4290 E: office@prescottsouthern.sa.edu.au

REGISTRATION OF INTEREST

1. STUDENT DETAILS

Surname	<input type="text"/>	Given Names	<input type="text"/>		
Preferred Name	<input type="text"/>	Date of Birth	<input type="text"/>	Gender	<input type="text"/>
Address	<input type="text"/>	Requested year level upon entry	<input type="text"/>		
Suburb	<input type="text"/>	Requested term and year to commence	Term <input type="text"/>	Year <input type="text"/>	
Postcode	<input type="text"/>	Aboriginal <input type="checkbox"/>	Torres Strait Islander <input type="checkbox"/>	Both <input type="checkbox"/>	
Place / Country of Birth	<input type="text"/>	Local <input type="checkbox"/>	International <input type="checkbox"/>		
Nationality	<input type="text"/>	Religion	<input type="text"/>		
Language/s spoken at home	<input type="text"/>				

Current school, preschool

Name	<input type="text"/>		
Suburb	<input type="text"/>		
Phone	<input type="text"/>	Years attended	<input type="text"/>

Previous school, preschool,

Name	<input type="text"/>		
Suburb	<input type="text"/>		
Phone	<input type="text"/>	Years attended	<input type="text"/>

Is the student progressing at school/preschool as expected? Yes No

Has the student been diagnosed with a disability or specific learning disorder? Yes No

Have they had a psychological assessment? Yes Report attached No

Please provide a brief description

2. VISA DETAILS - STUDENTS BORN OVERSEAS ONLY

Date of Arrival in Australia	<input type="text"/>	Schooling Completed in Australia	<input type="text"/>			
Visa Number	<input type="text"/>	Sub-Class	<input type="text"/>	Visa Expiry Date	<input type="text"/>	
Visa Type (Circle)	DEPENDENT	STUDENT	PERMANENT RESIDENT	REFUGEE	TOURIST	BRIDGING
Passport Number	<input type="text"/>	English Studied Overseas	YES	NO		
English level completed at school in home country	<input type="text"/>	Previous Australian schools & ESL instruction	<input type="text"/>			

3. FAMILY INFORMATION

PARENT / GUARDIAN 1

Relationship to student (mother, father, guardian)	<input type="text"/>	
Given Name	<input type="text"/> (Mr/Mrs/Ms/Miss)	
Surname	<input type="text"/>	
Address	<input type="text"/>	
Suburb/Postcode	<input type="text"/>	<input type="text"/>
Mobile Phone	<input type="text"/>	
Email	<input type="text"/>	

PARENT / GUARDIAN 2

Relationship to student (mother, father, guardian)	<input type="text"/>	
Given Name	<input type="text"/> (Mr/Mrs/Ms/Miss)	
Surname	<input type="text"/>	
Address	<input type="text"/>	
Suburb/Postcode	<input type="text"/>	<input type="text"/>
Mobile Phone	<input type="text"/>	
Email	<input type="text"/>	

Child lives with:

Both Parents Mother Father Guardian Other

Details:

4. SIGNATURES

Parent/Guardian 1	<input type="text"/>		
Date	<input type="text"/>	Signature	<input type="text"/>

Parent/Guardian 2	<input type="text"/>		
Date	<input type="text"/>	Signature	<input type="text"/>

Once completed this form should be returned to the school at your earliest convenience either in person or via email to office@prescottsouthern.sa.edu.au