

ENROLMENT ENQUIRY FORM for

BROADBEACH STATE SCHOOL

STUDENT ENROLMENT 20

Date:



STUDENTS NAME:							Male or Female	
APPLICATION FOR ENTRY INTO YEAR:	PREP	1	2	3	4	5	6	
START DATE:			AUSTRALIAN CITIZEN:					
			Yes		No		what nationality?	
PARENT'S NAME:								
PARENT ADDRESS:								
PARENT'S PHONE CONTACT:								
Last school attended:								
Local Catchment: Yes I have checked on the Education Queensland catchment map								
Please note any sibling(s) currently enrolled in Broadbeach SS.								
Sibling name(s): Year Level:								
Sibling name(s): Year Level:								

Email to: enrolments@broadbeachss.eq.edu.au

This document is an enrolment enquiry only