



# Camp Hill

## State Infants & Primary School

### Independent Public School

676 Old Cleveland Road  
Camp Hill QLD 4152  
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### **ENROLMENT EXPRESSION OF INTEREST FORM**

Due to COVID – 19 restrictions please email a copy of your child's birth certificate with your EOI and the original birth certificate will need to be sighted before enrolment.

For more information please contact our Enrolment Officer:- Tamsin Theresine  
[enrolments@camphillipss.eq.edu.au](mailto:enrolments@camphillipss.eq.edu.au)

Year 20\_\_\_\_\_ Year Level \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent/Guardian's Name/s: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: H: \_\_\_\_\_ M: \_\_\_\_\_ W: \_\_\_\_\_

Email: \_\_\_\_\_

Child's D.O.B: \_\_\_\_\_ Sex: Male  Female

Former School/Pre School: \_\_\_\_\_

Current Year Level: \_\_\_\_\_

Any Special Needs: Yes  No

If so, please detail: \_\_\_\_\_

Catchment Area: Yes  No

School age Siblings: Yes  No  Ages: \_\_\_\_\_

School currently attending: \_\_\_\_\_

Association with School (if any): \_\_\_\_\_

#### **FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ BIRTH CERTIFICATE SIGHTED

Accepted:  \_\_\_\_\_ Declined:  \_\_\_\_\_

Comments: \_\_\_\_\_

Courtesy

Commitment

Consideration

Cooperation

*Together We Achieve*