



Camp Hill

State Infants & Primary School

Independent Public School

676 Old Cleveland Road
Camp Hill QLD 4152
Phone: 07 3900 9333
Fax: 07 3900 9300 ABN 83 502 575 403
Email: admin@camphillipss.eq.edu.au
www.camphillipss.eq.edu.au

ENROLMENT EXPRESSION OF INTEREST FORM

(Please note E.O.I.s can not be accepted without our office first sighting the original birth certificate)

For more information please contact our Enrolment Officer:- Angela Somerfield asome28@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