



Camp Hill

State Infants & Primary School

Independent Public School

676 Old Cleveland Road
Camp Hill QLD 4152

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EXPRESSION OF INTEREST FOR STUDENT ENROLMENT

YEAR LEVEL ____ IN YEAR 20____

Enrolment is based on the school's Enrolment Management Plan. This plan defines the Enrolment Boundary and details the process for consideration of "Out of Catchment" students.

Please complete a **separate form for each student** in the family. Indicate the **number of separate** applications: ____

For more information please contact our Enrolment Officer - enrolments@camphillipss.eq.edu.au

Student Details		
Name of Student	Family Name:	Date of Birth: / /
	Given Names:	Gender:
Current / Previous School		Current Year Level:
Any Special Needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If so, please detail:	

Parent / Carer Details (Please ensure Parent / Carer 1 is who the child resides with at their principal place of residence. This parent / care will receive all correspondence including SMS text messages and invoices.)			
Parent / Carer 1 (child resides with)	Family Name:	Given Name:	
	Relationship to child:	Home Phone:	
	Address:	Postcode:	
	Mobile:	Email:	
Parent / Carer 2	Family Name:	Given Name:	
	Address:	Postcode:	
	Relationship to child:	Home Phone:	
	Mobile:	Email:	

Please provide the details of all other school age residential siblings:			
Sibling Name			
Current School			
Year Level			

Courtesy Commitment Consideration Cooperation

Together We Achieve

