Parramatta State School

Learning and Achieving in the Heart of the City



Prep 2026 Student Enquiry Form

Student Details:				
Surname:				
First Name:				
Middle Name:				
Date of Birth:				
Date of Birtin.		Male	Female	
Place of birth:				
Home Address:				
Australian	Yes / No			
Citizen: Year Level:	res / NO			
Kindergarten				
Attended:			0(()	
EQ ID No.:	_		Office use only:	
□ Inside Catchment		TYPE of documentation submitted		
*All documents mus	t have the correct residential address and the parent/	guardian name.	DATE submitted	
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You MUST provide	e <u>one Primary</u> and <u>one Secondary</u> source docume	ents:	INITIALS of staff	
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Parent/Carer Details: 1. Name:	Relations	hip to st	udent:
Country of Birth:Contact		Number:	
2. Name:	Relations	hip to st	tudent:
Country of Birth:	Contact N	Number:	:
Student Information:			If yes, please provide details:
This student speaks a language other	than English at home	Y/N	
This student has a diagnosed medical/behavioural condition		Y/N	
This student has specific learning difficulties or needs			
This student has had behavioural difficulties at other schools			
This student has seen a Guidance Officer at another school			
This student has been suspended at other schools			
This student is currently in Out of Home Care/Child Safety Care			
This student has a legal Custody Orde	er in place.	Y/N	
This student is here on a VISA.			
Please rate your child's academic a English: LowMediu Maths: LowMediu Parent Signature:	umHigh ımHigh	D	Date:
Office Use Only:	Date		Name
Office Use Only: Proceed to enrolment approved			- Nume
Parent/Carer informed			
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Parent/Carer informed