



**PUBLIC PRIMARY SCHOOL
WAITLIST FORM 2021**



PLEASE NOTE THE FOLLOWING:

**THIS FORM IS FOR INFANT 2 TO GRADE FOUR STUDENTS ONLY.
COMPLETING AND SUBMITTING THIS FORM DOES NOT GUARANTEE A PLACE
IN A PUBLIC PRIMARY SCHOOL.**

School Applying to: _____

Grade Applying to: _____

STUDENT INFORMATION:

Child's Name: _____

Gender: _____ Date of Birth: _____ Country of Birth: _____
(dd/mm/yyyy)

HOME ADDRESS:

House # /Street: _____ District: _____

Child Lives With (Please Tick): Mother Father Both Parents

Other Please Specify: _____

PARENTS / GUARDIAN INFORMATION:

Mother's Name: _____ Place of Birth: _____

Mother's Occupation: _____ Place of Employment: _____

Home Address: _____ Contact Number: _____

Email: _____

Father's Name: _____ Place of Birth: _____

Father's Occupation: _____ Place of Employment: _____

Home Address: _____ Contact Number: _____

Email: _____

Guardian's Name: _____ Place of Birth: _____

Guardian's Occupation: _____ Place of Employment: _____

Home Address: _____ Contact Number: _____

Email: _____

Does the child have any siblings currently attending the school to which you are applying?

Yes No

Does the child have a statement of special educational needs from a medical professional?

Yes No

Does the child suffer from any medical conditions or allergies?

Yes No If yes, please specify: _____

National Health Insurance Plan # _____