

BUNGENDORE PUBLIC SCHOOL

Gibraltar Street Bungendore NSW 2621 Phone (02) 6238 1317 Fax (02) 6238 1718 P O Box 242 Bungendore NSW 2621 Email: Bungendore-p.school@det.nsw.edu.au

Dear Parent/Guardian,

Thank you for enrolling your child at Bungendore Public School. We would like to take this opportunity to welcome you to our school community.

It would be appreciated if you could assist us by providing the following documents and relevant information with your child's enrolment form.

ENROLMENT CHECKLIST

ENTOLINENT OFFICIALIST						
*	Copy of Birth Certificate or Passport (Original must be sighted)	Yes		No□		
*	Copy of Immunisation Certificate/History Statement	Yes		No□		
*	Provide Medicare Number (page 10)	Yes		No□		
*	Permission to Publish (page 13)	Yes		No□		
*	Permission to go over to the oval	Yes		No□		
*	Special Religious Education / Special Education in Ethics letter	Yes		No□		
*	Copy of Proof of Address	Yes		No□		
*	In Area	Yes		No□		
*	Are you a Defence Force family?	Yes		No□		
	If so, which service					

OTHER PARENT/CARER NOT LIVING WITH STUDENT

*	Does your child spend part of the week at a different address	Yes □	No□
*	Receives Academic Report	Yes □	No□
*	Copy of Relevant Court Orders	Yes □	No□

Thank you for your co-operation.