

Primary

Junior Secondary

Senior



Cooktown P-12

Expression of Interest to Enrol Form



Principal P-12

Deputy Principal Yr 10 - 12

Deputy Principal Yr 7 - 9

Deputy Principal Prep - 6

Leanne Rayner

Danielle Furmage

Sarah Lewis

Rodney Wawrzyniak

PO Box 4

COOKTOWN QLD 4895

Telephone: 074082 0222

Email: admin@cooktownss.eq.edu.au

Application Date	____/____/____
Student Name	_____ Male Female
Date of Birth	____/____/____
Proof of Birth Supplied	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached
Parent Name (1)	_____
Parent Contact Number	_____
Residential Address	_____
Email Address	_____
Parent Name (2)	_____
Parent Contact Number	_____
Guardian Name	_____
Residential Address	_____
Email Address	_____
Guardian Contact Number	_____
Residential Address	_____
Email Address	_____
Who does the student live with?	_____
Residential Address	_____

Contact Number	
Email Address	

Who will receive the SMS Absence Contact?	
Contact Number	
Postal Address	
Email Address	

Current School	
School Last Attended	
Year Level	
Date left	____/____/____
Report Card(s) Supplied	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached
Behaviour Issues Suspensions/Exclusion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details	
Learning Difficulties Did the student receive support in class?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details	
Medical Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details	
Court Order	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached
Details	

