

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		D.CI	F
		Male	Female
Date of Birth	, ,		
Proof of Birth Supplied	□Yes □ No □ 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				 	
Email Address					
Current School					
School Last Attended					
Year Level					
Date left	,	/			
Report Card(s) Supplied	□Yes	□ No	 ☐ Attached		
Behaviour Issues	□ Yes	□ No			
Suspensions/Exclusion Details					
Details					
Learning Difficulties Did the student receive support	□ Yes	□ No			
in class?					
Details					
Medical Condition	□ Yes	□ No			
Details					
Court Order	□ Yes	□ No	□ Attached		
Details		o			

□Why do you want to enrol at Cooktown P-12 SS.? □What Happened at your last school that made you want to change schools? □What are the reasons you want to change schools?					
Other Siblings (Older/Younger)	Date of Birth	School Curre	ently Enrolled (where)	Year Level
	/				
Notes/Comments:					
Preferred Appointment time and da	te:	/		:	_AM/PM
Enquiry Taken By:					
Referred To:	Date: DP 10	-12 □ DP 7-9	□ DP Prep – 6	□ Principal	//