



(Please note this is not a guarantee of enrolment)

Lyndhurst Secondary College

Initial Contact Date:

Student details:

First Name: Surname:

Address:

Suburb: State: Postcode:

Gender: Date of Birth:

Enrolment Details

Current School: Current Year Level:

Name of Sibling/s and year Level:

Best contact person at current school:

Does the student receive inclusion funding under PSDMS? If so, what category and level:

Parent/Carer Contact Details:

First Name: Surname:

Address:

Suburb: State: Postcode:

Email: Relationship to student:

Contact Numbers:

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|---|----------------------|---|----------------------|---|----------------------|
| H | <input type="text"/> | M | <input type="text"/> | W | <input type="text"/> |
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Do you require an interpreter for the enrolment meeting? Yes/No

If yes, what language do you require for the interpreter?

As part of the enrolment process, Lyndhurst Secondary College would like to contact your current school to obtain information that may be of assistance. Please sign to acknowledge that you agree to Lyndhurst Secondary College contacting your current school.

Parent/Carer signature:

