



EXPRESSION OF INTEREST ENROLMENT

(for year levels 7 to 12)

SECTION A:

Complete and return to Administration

- Date: _____
- Student Name: _____ D.O.B. _____
- Parent/Guardian Name: _____
- Student Address: _____
_____ Post Code _____
- Contact Phone Numbers: Home/Work: _____ Mobile: _____
Email: _____
- Year Level Enrolling Into: _____ Intended Start Date: ____/____/____
- Current Or Previous High School Attending/Attended: _____
Is this school interstate: No Yes (Need to complete Interstate Student Data Transfer)
Is this school a nongovernment school: No Yes (Need to complete Form 1 Student Transfer)
- Have you previously been enrolled at R.S.H.S? Yes No
- Have you previously been enrolled at an overseas school? Yes No
- **Are You Suspended** Yes No
- **Are You Suspended Pending Exclusion** Yes No
- Reason For Changing Schools: _____

- Does the student have special learning needs or a disability that should be considered in providing an appropriate educational program? Yes No
- Please share any information about these specialised learning needs below:

I Parent/Guardian give RSHS permission to seek information from student's previous school

Signed: _____

Completed Form to be given to Enrolment Officer

