



Glenmore State High School Expression of Interest

NEW STUDENT DETAILS:

Surname: _____ Given Name: _____

Preferred Name: _____ Date of Birth: _____ Year Level: _____

Previous School: _____

PARENT/GUARDIAN DETAILS:

Parent/Guardian 1:

Title: _____ Surname: _____ Given Names: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Parent/Guardian 2:

Title: _____ Surname: _____ Given Names: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Email Address: _____

Home Address: _____

Siblings Attending Glenmore SHS: _____

Other Students at Glenmore SHS Residing at the same address: _____

Special Instructions: e.g. Medical, Custody, Learning Difficulties etc.

Reason for Changing Schools:

Parent Signature

Date

Student Signature

Date