



LISAROW HIGH SCHOOL

2 The Ridgeway, Lisarow, NSW, 2250
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www.lisarowhigh.nsw.edu.au

Respect

Responsibility

Integrity

Commitment

Principal: Mr Murray Balfe

Deputy Principals: Mrs Bertha Coope

Mr Adam Rumpler

Mrs Katrina Walsh

EXPRESSION OF INTEREST – ENROLMENT FORM

Date of Application ____/____/____ Scholastic Year Level 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐

Preferred Date of Enrolment ____/____/____ Any sibling/family member currently enrolled at LHS ☐
(Student Name _____)

Student Information

Family Name _____

Given Names _____

Address _____

Suburb _____ State / Postcode _____

Date of Birth: ____/____/____ Male ☐ Female ☐ Aust. Citizen ☐ In Area ☐

Parent/Guardian Information

Name _____

Mobile _____ Other Phone _____

Email _____

Relationship to Student _____

Previous/Current School

Previous/Current School _____

School Contact No _____ Year/Grade _____

Considerations

Comments

Is the student Aboriginal/Torres Strait Islander	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Require English as a Second Language (ESL) Support	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Is the student in a special education unit	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Are there any current Family Law matters	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
At the Students Current/Previous school	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Were subject to bullying	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Were involved in bullying of others	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Had been suspended	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Are currently under suspension	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Were involved in violence	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Had learning support	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Had a health care plan for an identified medical issue	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____



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1 ☐ 2 ☐

Birth Certificate (evidence of guardianship) ☐ Last 2 Reports ☐ Naplan Results ☐

Passport ☐ Visa ☐ Approval to Enrol ☐

Signature of Parent/Guardian _____ Date / /

Please note that completion of this form does not automatically guarantee enrolment