



# CHANCELLOR STATE COLLEGE

*Primary School Campus*

Scholars Drive, Sippy Downs Qld 4556  
PO Box 7066, Sippy Downs Qld 4556  
Phone: (07) 5453 3111 Fax: (07) 5453 3100

## PREP – EXPRESSION OF INTEREST

For Prep Year: \_\_\_\_\_

Number: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

Application Date: \_\_\_\_\_

Child's Surname: \_\_\_\_\_ Christian Name: \_\_\_\_\_

Gender: Male / Female

Siblings attending Chancellor State College: Yes / No

Address: \_\_\_\_\_

(Please note that Chancellor State College is a zoned school which applies to students entering Prep. Your place of residence must lie within the school boundary in order to attend Chancellor State College).

Developmental Issues: Do you consider that your child may require specialist support or have they received specialist support in areas such as speech, hearing, physical ability, language? Please comment.

Additional Comments: \_\_\_\_\_

Parent/Guardian 1

Parent/Guardian 2

Name: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_

Mobile Phone: \_\_\_\_\_

\_\_\_\_\_

Additional Contact (friend/family): Name: \_\_\_\_\_ Ph No: \_\_\_\_\_

You will be contacted by phone in October of the school year prior to your child commencing Prep to confirm your placement. Please contact us if your details change or if you no longer require your placement.

Parent/Guardian signature: \_\_\_\_\_ Staff signature: \_\_\_\_\_