



BUNDAMBA STATE SECONDARY COLLEGE

PRIDE » RESPECT » RESPONSIBILITY » EMPOWERMENT

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Expression of Interest for Enrolment

Date of Application: _____

Name of Student: _____

Year Level: _____ Date of Birth: _____

Address: _____

Postcode: _____

Is this student under the care of the Department of Child Safety: Yes No

Short Term Care Yes No Long-Term Care Yes No

If yes – name of Child Safety Officer: _____

Special Education Program: Yes No Verified Disability: _____

Name of Parent: _____ Contact Phone No: _____

Previous School: _____ Date left/leaving: _____

Reasons for Seeking Enrolment: _____

When submitting this application the following document MUST be supplied for the application to proceed.

- Birth Certificate – to be sighted by office staff
- 2 academic reports – if from a non-department of Education school or interstate
- Proof of address – 2 documents needed (recent rates, electricity, phone or lease agreement)

Please return to: enrolments@bundambassc

