



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: _____

Appointment to proceed with:

- Principal:
- DP Year 7 & 10 DP Year 8 & 11
- DP Year 9 & 12

Include: HOD Inclusion GO CEC PLO

Principal Approval

Yes No

Signature: _____