The Ela Murray International School
Application for Re - enrolment

Date of Application: _____

I wish to re-enrol my child(ren) for 2025. Please fill the table below for children who attend the **Murray site**.

Prep – Year 8 Child's name	Yes	No	Year Group

If **No** for all of your children, please return this form to the ELC or Murray Office, **there is nothing further that you need to complete.**

If **Yes** for any of your children, to ensure that our records are up to date, **please complete all details in the forms below:**

ELC Child 1 – Name:_____ DOB:_____

2025 ELC Placement* **(please read the statement below)**			**Mon**	**Tues**	**Wed**	**Thu**	**Fri**
	Toddlers (from 18 months)	7:30-2:30					
	Reception (3 before March 31 and toilet trained)	7:30-2:30					
	Transition (4 before March 31 and toilet trained)	7:30-2:30	**Five Days Only**				

ELC Child 2 – Name:_____ DOB:_____

2026 Placement* **(please read the statement below)**			**Mon**	**Tues**	**Wed**	**Thu**	**Fri**
	Toddlers (from 18 months)	7:30-2:30					
	Reception (3 before March 31 and toilet trained)	7:30-2:30					
	Transition (4 before March 31 and toilet trained)	7:30-2:30	**Five Days Only**				

Change of days selected can only be made every half term. There will not be a refund for requested days not used.

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Mother/Guardian Details	Father/Guardian Details
Name:	Name:
Home Address	Home Address:
Work phone:	Work phone:
Home phone:	Home phone:
Mobile:	Mobile:
Email:	Email:

Fee Information		
Fee payer:	Self ❑	Employer: ❑ Name:
Method of sending invoice:	Email:	
Payment Type:	Annual: ❑	Term: ❑

Emergency Information			
Contact 1 Name:		Contact 2 Name:	
Hm Ph:	Wk Ph:	Hm Ph:	Wk Ph:
Mobile:		Mobile:	

Student's Doctor	
Name:	Phone:
Have there been any changes in the medical condition of your child Yes ❑ No ❑	
Please provide details:	

- In the event of the school being unable to contact parents/guardians in an emergency, I give permission to arrange medical and/or dental treatment, as required. The cost of this treatment will be covered by the parent.
- I give permission for my child to attend School excursions. The School will notify parents prior to the excursions regarding specific details.
- I understand that images of my child may be used in School and IEA publications, including our School app and IEA websites.
- I have read the Parent Handbook and agree to abide by School policies.
- Selected days are for one term and changes to days can only happen per term. No refund will be given if the requested days are not used during the term.
- I will notify the School if there are any changes to the information on this form, in particular contact information and living arrangements.

Signature of Parent / Guardian: _____ Date:_____

Signature of Parent / Guardian: _____ Date:_____