

OFFICE USE ONLY

Date received: _____
 Year Level: _____
 Birth certificate/Passport/Travel document sighted (Circle).
 Student resides within local intake area YES NO
 Visa sighted: YES NO
 Family Court Order/s: YES NO
 Associate Principal Interview: YES NO
 Interpreter required: YES NO

APPLICATION FOR ENROLMENT FORM

DECLARATION

The information and statements provided in this application for enrolment are true and accurate in relation to:

Name of child: _____

Name of person enrolling child:

Title: _____ 1st Name: _____ 2nd Name: _____ Surname: _____

Relationship to child: _____

(Independent Minors and those aged 18 years or older may apply on their own behalf)

Tel (H): _____ Tel (W): _____ Mobile: _____

Signature: _____ Date: ____/____/____

NOTE: Children may be enrolled in Kindergarten in one school only, either public or private.

NOTE: In the event that statements made in this application later prove to be false or misleading, a decision on this application may be reversed. Information supplied may need to be checked by the school.

DOCUMENTS TO BE PROVIDED

Checklist:

Please place an ***X*** in the box to indicate each document attached (or sighted) to this application form.

**Note: If you are typing the information into this form, doubleclick the check box and select the radio button under the heading Default value 'Checked' and click OK.*

1. Birth Certificate (original or certified copy) or extract or other identity documents
if applicable. (Principals will refer to guidance 3.5.1 of the Enrolment Procedures where evidence is not provided).
2. 'Immunisation Certificate'
3. Copies of Family Court or any other court orders (if applicable)
4. Proof of address (see Requested documentation in the attached Parent information)
5. Information relating to disability

If your child was not born in Australia, you must provide evidence of:

1. Date of entry into Australia
2. Passport or travel documents
3. Current visa subclass and previous visa subclass (if applicable)

If your child is a temporary visa holder, you must also provide:

Confirmation of enrolment or evidence of any permission to transfer
 provided by Education and Training International (ETI) email: study.eti@dtwd.wa.gov.au
(if holding an International full fee student visa, sub class 571);

or

Evidence of the visa for which the student has applied if the student holds
 a bridging visa

PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname Legal (if different):	Given names:	Date of birth:	Sex (M / F):
Surname of parent/responsible person:	Given names:	Mr / Mrs / Ms / Other:	
Residential Address (must be completed):			Postcode:
Nearest intersecting street:			
Postal Address (if different from residential address):			Postcode:
Telephone (Home):		Mobile Phone No:	
Work (if convenient):		Email:	
Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is the child subject to access restriction? If yes, please specify and attach supporting documentation. <input type="checkbox"/> YES <input type="checkbox"/> NO			
Year Level: Kindergarten Start date: Beginning of school year 2018 : <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
Will there be any brothers or sisters attending this school? Name/s and year levels: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is your child a permanent resident of Australia? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If NO, please indicate date entered Australia: _____ Visa Sub Class No.: _____			
Country of Origin: _____		Language Spoken: _____	
Does your child have a disability/medical condition? <i>This information will assist the school principal with considering whether any specific or additional resources are required and available to assist the school with providing the best educational program for your child.</i> Please indicate whether: <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Other medical condition/s Please outline nature of disability/medical condition/s (or attach details).			
Application for Enrolment approved: _____ (signature of Principal) ___/___/___ (date)			