

**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**



**APPLICATION FOR ENROLMENT FORM**  
*(For enrolment in a Western Australian Public School)*

OFFICE USE ONLY	
Date received:	_____
Birth certificate/Passport/Travel document sighted (Circle).	
AIR immunisation history statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student resides within local intake area	<input type="checkbox"/> YES <input type="checkbox"/> NO
Visa sighted:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family Court Order/s:	<input type="checkbox"/> YES <input type="checkbox"/> NO

**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: Miss/Mrs/Ms/Mr/Other \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/2026

*NOTE: Children may be enrolled in Kindergarten in one school only, either public or private.*  
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Year Level: Pre-Primary Start date: Beginning of school year <b>2027</b> <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
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Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2026

*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, double click 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. Australian Immunisation Register (AIR) Immunisation History Statement; (not more than two months old) or AIR Immunisation History Form; or Immunisation Certificate issued by the Chief Health Officer via mygov app/Medicare .....
3. Copies of Family Court or any other court orders (if applicable).....
4. Proof of address attached to the property eg lease agreement (minimum lease of 3 months), rates, utilities bill (electricity or gas) .....
5. Information relating to suspensions or exclusions .....
6. 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 placement or enrolment for an overseas fee-paying student or evidence of any permission to transfer provided by TAFE International WA .....

**or**

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



**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**

Child's surname: _____	Given names: _____	Date of birth: ___/___/___	Sex (M / F)
Legal Surname (if different): _____			
Full Name of parent/responsible person: _____	_____		Mr / Mrs / Miss / Ms/Other:
Residential Address (must be completed):			Postcode:
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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify and attach supporting documentation.			
Year Level: Pre-Primary Start date: Beginning of school year <b>2027</b> <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
If applicable, year level child currently enrolled in (e.g. Kindergarten):			
If applicable, name of school at which the child is currently or was last enrolled:			
Immunisation: you are required to provide the school with this information when you apply to enrol your child Is the child immunised? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, does the child have an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is the student's descent: Aboriginal <input type="checkbox"/> YES <input type="checkbox"/> NO      Torres Strait Islander (TSI) <input type="checkbox"/> YES <input type="checkbox"/> NO Both Aboriginal and TSI <input type="checkbox"/> YES <input type="checkbox"/> NO			
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 currently under suspension from a school? If YES, name of school: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has your child ever been excluded from a school? If YES, name of school: _____ <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.: _____			
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 _____ Please outline nature of disability/medical condition/s and provide diagnosis/assessment documentation. _____			
Application for Enrolment approved: _____ (Signature of Principal) ___/___/___ (date)			



**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**

**APPLICATION FOR ENROLMENT FORM  
(For enrolment in a Western Australian Public School)**

OFFICE USE ONLY	
Date received:	_____
Birth certificate/Passport/Travel document sighted (Circle).	
AIR immunisation history statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student resides within local intake area	<input type="checkbox"/> YES <input type="checkbox"/> NO
Visa sighted:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family Court Order/s:	<input type="checkbox"/> YES <input type="checkbox"/> NO

**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: Miss/Mrs/Ms/Mr/Other \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/2026

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

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

OFFICIAL



**Safety Bay**  
Primary School  
Independent Public School

**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**

Child's surname: _____	Given names: _____	Date of birth: ____/____/____	Sex (M / F)
Legal Surname (if different): _____			
Full Name of parent/responsible person: _____	Mr / Mrs / Miss / Ms/Other:		
Residential Address (must be completed):		Postcode:	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify and attach supporting documentation.			
Year Level: Pre-Primary Start date: Beginning of school year <b>2027</b> <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
If applicable, year level child currently enrolled in (e.g. Kindergarten):			
If applicable, name of school at which the child is currently or was last enrolled:			
Immunisation: you are required to provide the school with this information when you apply to enrol your child Is the child immunised? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, does the child have an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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Will there be any brothers or sisters attending this school? Name/s and year levels: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO			
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Application for Enrolment approved: _____ (Signature of Principal) ____/____/____ (date)			



**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**

**APPLICATION FOR ENROLMENT FORM  
(For enrolment in a Western Australian Public School)**

OFFICE USE ONLY	
Date received:	_____
Birth certificate/Passport/Travel document sighted (Circle).	
AIR immunisation history statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student resides within local intake area	<input type="checkbox"/> YES <input type="checkbox"/> NO
Visa sighted:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family Court Order/s:	<input type="checkbox"/> YES <input type="checkbox"/> NO

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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: \_\_\_\_/\_\_\_\_/2026

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**or**

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OFFICIAL



**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**

Child's surname: _____	Given names: _____	Date of birth: _ / _ / _	Sex (M / F)
Legal Surname (if different): _____			
Full Name of parent/responsible person: _____	Mr / Mrs / Miss / Ms/Other:		
Residential Address (must be completed):			Postcode:
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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify and attach supporting documentation.			
Year Level: Pre-Primary Start date: Beginning of school year <b>2027</b> <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
If applicable, year level child currently enrolled in (e.g. Kindergarten):			
If applicable, name of school at which the child is currently or was last enrolled:			
Immunisation: you are required to provide the school with this information when you apply to enrol your child Is the child immunised? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, does the child have an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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Application for Enrolment approved: _____ (Signature of Principal) ____ / ____ / ____ (date)			



**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**

**APPLICATION FOR ENROLMENT FORM  
(For enrolment in a Western Australian Public School)**

OFFICE USE ONLY	
Date received:	_____
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Evidence of the visa for which the student has applied if the student holds a bridging visa

## OFFICIAL



**SAFETY BAY PRIMARY SCHOOL**  
**PRE-PRIMARY - 2027**  
**APPLICATION FOR ENROLMENT FORM**  
**PLEASE COMPLETE BOTH SIDES**

Child's surname: _____	Given names: _____	Date of birth: _ / _ / _	Sex (M / F)
Legal Surname (if different): _____			
Full Name of parent/responsible person: _____			Mr / Mrs / Miss / Ms/Other:
Residential Address (must be completed):			Postcode:
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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify and attach supporting documentation.			
Year Level: Pre-Primary Start date: Beginning of school year <b>2027</b> <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
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Application for Enrolment approved: _____ (Signature of Principal) ____/____/____ (date)			



**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**

**APPLICATION FOR ENROLMENT FORM  
(For enrolment in a Western Australian Public School)**

OFFICE USE ONLY	
Date received:	_____
Birth certificate/Passport/Travel document sighted (Circle).	
AIR immunisation history statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student resides within local intake area	<input type="checkbox"/> YES <input type="checkbox"/> NO
Visa sighted:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family Court Order/s:	<input type="checkbox"/> YES <input type="checkbox"/> NO

**DECLARATION**

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Tel (H): \_\_\_\_\_ Tel (W): \_\_\_\_\_ Mobile: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2026

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**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**

Child's surname: _____	Given names: _____	Date of birth: __/__/__	Sex (M / F)
Legal Surname (if different): _____			
Full Name of parent/responsible person: _____		Mr / Mrs / Miss / Ms/Other:	
Residential Address (must be completed):			Postcode:
Postal Address (if different from residential address):			Postcode:
Telephone (Home):		Mobile Phone No:	
Work (if convenient):		Email:	
<p>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?   <input type="checkbox"/> YES   <input type="checkbox"/> NO          If yes, please specify and attach supporting documentation.</p>			
<p>Year Level: Pre-Primary          Start date: Beginning of school year <b>2027</b>   <input type="checkbox"/> YES   <input type="checkbox"/> NO. If NO, indicate start date: _____</p>			
If applicable, year level child currently enrolled in (e.g. Kindergarten):			
If applicable, name of school at which the child is currently or was last enrolled:			
<p>Immunisation: you are required to provide the school with this information when you apply to enrol your child          Is the child immunised?   <input type="checkbox"/> YES   <input type="checkbox"/> NO          If yes, does the child have an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old?   <input type="checkbox"/> YES   <input type="checkbox"/> NO</p>			
<p>Is the student's descent: Aboriginal   <input type="checkbox"/> YES   <input type="checkbox"/> NO      Torres Strait Islander (TSI)   <input type="checkbox"/> YES   <input type="checkbox"/> NO          Both Aboriginal and TSI   <input type="checkbox"/> YES   <input type="checkbox"/> NO</p>			
<p>Will there be any brothers or sisters attending this school?          Name/s and year levels: _____      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p>			
<p>Is your child currently under suspension from a school?          If YES, name of school: _____      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p>			
<p>Has your child ever been excluded from a school?          If YES, name of school: _____      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p>			
<p>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.: _____</p>			
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Application for Enrolment approved: _____ (Signature of Principal) ____/____/____ (date)			

**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**



**APPLICATION FOR ENROLMENT FORM**  
*(For enrolment in a Western Australian Public School)*

OFFICE USE ONLY	
Date received:	_____
Birth certificate/Passport/Travel document sighted (Circle).	
AIR immunisation history statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student resides within local intake area	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2026

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if applicable. (Principals will refer to guidance 3.5.1 of the Enrolment Procedures where evidence is not provided).
2. Australian Immunisation Register (AIR) Immunisation History Statement; (not more than two months old) or AIR Immunisation History Form; or Immunisation Certificate issued by the Chief Health Officer via mygov app/Medicare .....
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4. Proof of address attached to the property eg lease agreement (minimum lease of 3 months), rates, utilities bill (electricity or gas) .....
5. Information relating to suspensions or exclusions .....
6. 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:*

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**or**

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



**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**



**APPLICATION FOR ENROLMENT FORM**  
*(For enrolment in a Western Australian Public School)*

OFFICE USE ONLY	
Date received:	_____
Birth certificate/Passport/Travel document sighted (Circle).	
AIR immunisation history statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student resides within local intake area	<input type="checkbox"/> YES <input type="checkbox"/> NO
Visa sighted:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family Court Order/s:	<input type="checkbox"/> YES <input type="checkbox"/> NO

**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: Miss/Mrs/Ms/Mr/Other \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/2026

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



**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
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Child's surname: _____	Given names: _____	Date of birth: ___/___/___	Sex (M / F)
Legal Surname (if different): _____			
Full Name of parent/responsible person: _____	Mr / Mrs / Miss / Ms/Other:		
Residential Address (must be completed):			Postcode:
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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify and attach supporting documentation.			
Year Level: Pre-Primary Start date: Beginning of school year <b>2027</b> <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
If applicable, year level child currently enrolled in (e.g. Kindergarten):			
If applicable, name of school at which the child is currently or was last enrolled:			
Immunisation: you are required to provide the school with this information when you apply to enrol your child Is the child immunised? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, does the child have an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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Will there be any brothers or sisters attending this school? Name/s and year levels: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO			
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PRE-PRIMARY - 2027  
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**APPLICATION FOR ENROLMENT FORM**  
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OFFICIAL



**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**

Child's surname: _____	Given names: _____	Date of birth: ___/___/___	Sex (M / F)
Legal Surname (if different): _____			
Full Name of parent/responsible person: _____		Mr / Mrs / Miss / Ms/Other:	
Residential Address (must be completed):			Postcode:
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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify and attach supporting documentation.			
Year Level: Pre-Primary Start date: Beginning of school year <b>2027</b> <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
If applicable, year level child currently enrolled in (e.g. Kindergarten):			
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Immunisation: you are required to provide the school with this information when you apply to enrol your child Is the child immunised? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, does the child have an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
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**APPLICATION FOR ENROLMENT FORM**  
*(For enrolment in a Western Australian Public School)*

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AIR immunisation history statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
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**SAFETY BAY PRIMARY SCHOOL**  
**PRE-PRIMARY - 2027**  
**APPLICATION FOR ENROLMENT FORM**  
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Child's surname: _____	Given names: _____	Date of birth: __/__/__	Sex (M / F)
Legal Surname (if different): _____			
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PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**

**APPLICATION FOR ENROLMENT FORM  
(For enrolment in a Western Australian Public School)**

OFFICE USE ONLY	
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**SAFETY BAY PRIMARY SCHOOL**  
**PRE-PRIMARY - 2027**  
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Child's surname: _____	Given names: _____	Date of birth: _ / _ / _	Sex (M / F)
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Evidence of the visa for which the student has applied if the student holds a bridging visa



**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**

Child's surname: _____	Given names: _____	Date of birth: ___/___/___	Sex (M / F)
Legal Surname (if different): _____			
Full Name of parent/responsible person: _____	Mr / Mrs / Miss / Ms/Other:		
Residential Address (must be completed):		Postcode:	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify and attach supporting documentation.			
Year Level: Pre-Primary Start date: Beginning of school year <b>2027</b> <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
If applicable, year level child currently enrolled in (e.g. Kindergarten):			
If applicable, name of school at which the child is currently or was last enrolled:			
Immunisation: you are required to provide the school with this information when you apply to enrol your child Is the child immunised? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, does the child have an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is the student's descent:   Aboriginal <input type="checkbox"/> YES <input type="checkbox"/> NO      Torres Strait Islander (TSI) <input type="checkbox"/> YES <input type="checkbox"/> NO Both Aboriginal and TSI <input type="checkbox"/> YES <input type="checkbox"/> NO			
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 currently under suspension from a school? If YES, name of school: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has your child ever been excluded from a school? If YES, name of school: _____ <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.: _____			
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. Please indicate whether:</i> <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Other _____ Please outline nature of disability/medical condition/s and provide diagnosis/assessment documentation. _____			
Application for Enrolment approved: _____ (Signature of Principal) ___/___/___ (date)			

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PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
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**APPLICATION FOR ENROLMENT FORM**  
*(For enrolment in a Western Australian Public School)*

OFFICE USE ONLY	
Date received:	_____
Birth certificate/Passport/Travel document sighted (Circle).	
AIR immunisation history statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student resides within local intake area	<input type="checkbox"/> YES <input type="checkbox"/> NO
Visa sighted:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family Court Order/s:	<input type="checkbox"/> YES <input type="checkbox"/> NO

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Name of person enrolling child: Miss/Mrs/Ms/Mr/Other \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/2026

*NOTE: Children may be enrolled in Kindergarten in one school only, either public or private.  
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PRE-PRIMARY - 2027  
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**APPLICATION FOR ENROLMENT FORM**  
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Visa sighted:	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Tel (H): \_\_\_\_\_ Tel (W): \_\_\_\_\_ Mobile: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2026

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PRE-PRIMARY - 2027  
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OFFICIAL



**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
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Child's surname: _____	Given names: _____	Date of birth: ___/___/___	Sex (M / F)
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PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
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**APPLICATION FOR ENROLMENT FORM**  
*(For enrolment in a Western Australian Public School)*

OFFICE USE ONLY	
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**PRE-PRIMARY - 2027**  
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*(Independent Minors and those aged 18 years or older may apply on their own behalf)*

Tel (H): \_\_\_\_\_ Tel (W): \_\_\_\_\_ Mobile: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2026

*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, double click the check box and select the radio button under the heading Default value 'Checked' and click OK.*

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if applicable. (Principals will refer to guidance 3.5.1 of the Enrolment Procedures where evidence is not provided).
- Australian Immunisation Register (AIR) Immunisation History Statement; (not more than two months old) or AIR Immunisation History Form; or Immunisation Certificate issued by the Chief Health Officer via mygov app/Medicare .....
- Copies of Family Court or any other court orders (if applicable).....
- Proof of address attached to the property eg lease agreement (minimum lease of 3 months), rates, utilities bill (electricity or gas) .....
- Information relating to suspensions or exclusions .....
- Information relating to disability .....

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

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

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

Confirmation of placement or enrolment for an overseas fee-paying student or evidence of any permission to transfer provided by TAFE International WA .....

**or**

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

OFFICIAL



**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**

Child's surname: _____	Given names: _____	Date of birth: _ / _ / _	Sex (M / F)
Legal Surname (if different): _____			
Full Name of parent/responsible person: _____		Mr / Mrs / Miss / Ms/Other:	
Residential Address (must be completed):			Postcode:
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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify and attach supporting documentation.			
Year Level: Pre-Primary Start date: Beginning of school year <b>2027</b> <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
If applicable, year level child currently enrolled in (e.g. Kindergarten):			
If applicable, name of school at which the child is currently or was last enrolled:			
Immunisation: you are required to provide the school with this information when you apply to enrol your child Is the child immunised? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, does the child have an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is the student's descent: Aboriginal <input type="checkbox"/> YES <input type="checkbox"/> NO                      Torres Strait Islander (TSI) <input type="checkbox"/> YES <input type="checkbox"/> NO Both Aboriginal and TSI <input type="checkbox"/> YES <input type="checkbox"/> NO			
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 currently under suspension from a school? If YES, name of school: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has your child ever been excluded from a school? If YES, name of school: _____ <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.: _____			
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 _____ Please outline nature of disability/medical condition/s and provide diagnosis/assessment documentation. _____			
Application for Enrolment approved: _____ (Signature of Principal) ____/____/____ (date)			

**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**



**APPLICATION FOR ENROLMENT FORM**  
*(For enrolment in a Western Australian Public School)*

OFFICE USE ONLY	
Date received:	_____
Birth certificate/Passport/Travel document sighted (Circle).	
AIR immunisation history statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student resides within local intake area	<input type="checkbox"/> YES <input type="checkbox"/> NO
Visa sighted:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family Court Order/s:	<input type="checkbox"/> YES <input type="checkbox"/> NO

**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: Miss/Mrs/Ms/Mr/Other \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/2026

*NOTE: Children may be enrolled in Kindergarten in one school only, either public or private.  
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**DOCUMENTS TO BE PROVIDED**

**Checklist:**

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- Passport or travel documents.....
- Current visa subclass and previous visa subclass (if applicable).....

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Confirmation of placement or enrolment for an overseas fee-paying student or evidence of any permission to transfer provided by TAFE International WA .....

**or**

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

## OFFICIAL



**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**

Child's surname: _____	Given names: _____	Date of birth: ____/____/____	Sex (M / F)
Legal Surname (if different): _____			
Full Name of parent/responsible person: _____	Mr / Mrs / Miss / Ms/Other:		
Residential Address (must be completed):			Postcode:
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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify and attach supporting documentation.			
Year Level: Pre-Primary Start date: Beginning of school year <b>2027</b> <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
If applicable, year level child currently enrolled in (e.g. Kindergarten):			
If applicable, name of school at which the child is currently or was last enrolled:			
Immunisation: you are required to provide the school with this information when you apply to enrol your child Is the child immunised? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, does the child have an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is the student's descent: Aboriginal <input type="checkbox"/> YES <input type="checkbox"/> NO      Torres Strait Islander (TSI) <input type="checkbox"/> YES <input type="checkbox"/> NO Both Aboriginal and TSI <input type="checkbox"/> YES <input type="checkbox"/> NO			
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Application for Enrolment approved: _____ (Signature of Principal) ____/____/____ (date)			

**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**



**APPLICATION FOR ENROLMENT FORM**  
*(For enrolment in a Western Australian Public School)*

OFFICE USE ONLY	
Date received:	_____
Birth certificate/Passport/Travel document sighted (Circle).	
AIR immunisation history statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student resides within local intake area	<input type="checkbox"/> YES <input type="checkbox"/> NO
Visa sighted:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family Court Order/s:	<input type="checkbox"/> YES <input type="checkbox"/> NO

**DECLARATION**

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

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Name of person enrolling child: Miss/Mrs/Ms/Mr/Other \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/2026

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

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



**SAFETY BAY PRIMARY SCHOOL**  
**PRE-PRIMARY - 2027**  
**APPLICATION FOR ENROLMENT FORM**  
**PLEASE COMPLETE BOTH SIDES**

Child's surname: _____	Given names: _____	Date of birth: ____/____/____	Sex (M / F)
Legal Surname (if different): _____			
Full Name of parent/responsible person: _____		Mr / Mrs / Miss / Ms/Other:	
Residential Address (must be completed):		Postcode:	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify and attach supporting documentation.			
Year Level: Pre-Primary Start date: Beginning of school year <b>2027</b> <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
If applicable, year level child currently enrolled in (e.g. Kindergarten):			
If applicable, name of school at which the child is currently or was last enrolled:			
Immunisation: you are required to provide the school with this information when you apply to enrol your child Is the child immunised? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, does the child have an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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Application for Enrolment approved: _____ (Signature of Principal) ____/____/____ (date)			

**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**



**APPLICATION FOR ENROLMENT FORM**  
*(For enrolment in a Western Australian Public School)*

OFFICE USE ONLY	
Date received:	_____
Birth certificate/Passport/Travel document sighted (Circle).	
AIR immunisation history statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student resides within local intake area	<input type="checkbox"/> YES <input type="checkbox"/> NO
Visa sighted:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family Court Order/s:	<input type="checkbox"/> YES <input type="checkbox"/> NO

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Relationship to child: \_\_\_\_\_  
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Tel (H): \_\_\_\_\_ Tel (W): \_\_\_\_\_ Mobile: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2026

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**or**

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

OFFICIAL



**Safety Bay**  
Primary School  
Independent Public School

**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**

Child's surname: _____	Given names: _____	Date of birth: ____/____/____	Sex (M / F)
Legal Surname (if different): _____			
Full Name of parent/responsible person: _____	_____	Mr / Mrs / Miss / Ms/Other:	
Residential Address (must be completed):		Postcode:	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify and attach supporting documentation.			
Year Level: Pre-Primary Start date: Beginning of school year <b>2027</b> <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
If applicable, year level child currently enrolled in (e.g. Kindergarten):			
If applicable, name of school at which the child is currently or was last enrolled:			
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Is the student's descent: Aboriginal <input type="checkbox"/> YES <input type="checkbox"/> NO Torres Strait Islander (TSI) <input type="checkbox"/> YES <input type="checkbox"/> NO Both Aboriginal and TSI <input type="checkbox"/> YES <input type="checkbox"/> NO			
Will there be any brothers or sisters attending this school? Name/s and year levels: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
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Has your child ever been excluded from a school? If YES, name of school: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is your child a permanent resident of Australia? If NO, please indicate date entered Australia: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO Visa Sub Class No.: _____	
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_____			
Application for Enrolment approved: _____ (Signature of Principal) ____/____/____ (date)			

**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**



**APPLICATION FOR ENROLMENT FORM**  
*(For enrolment in a Western Australian Public School)*

OFFICE USE ONLY	
Date received:	_____
Birth certificate/Passport/Travel document sighted (Circle).	
AIR immunisation history statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student resides within local intake area	<input type="checkbox"/> YES <input type="checkbox"/> NO
Visa sighted:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family Court Order/s:	<input type="checkbox"/> YES <input type="checkbox"/> NO

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Name of person enrolling child: Miss/Mrs/Ms/Mr/Other \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/2026

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**or**

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



**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**

Child's surname: _____	Given names: _____	Date of birth: _ / _ / _	Sex (M / F)
Legal Surname (if different): _____			
Full Name of parent/responsible person: _____		Mr / Mrs / Miss / Ms/Other:	
Residential Address (must be completed):			Postcode:
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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify and attach supporting documentation.			
Year Level: Pre-Primary			
Start date: Beginning of school year <b>2027</b> <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
If applicable, year level child currently enrolled in (e.g. Kindergarten):			
If applicable, name of school at which the child is currently or was last enrolled:			
Immunisation: you are required to provide the school with this information when you apply to enrol your child Is the child immunised? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, does the child have an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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Application for Enrolment approved: _____ (Signature of Principal) ____ / ____ / ____ (date)			

**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**



**APPLICATION FOR ENROLMENT FORM**  
*(For enrolment in a Western Australian Public School)*

OFFICE USE ONLY	
Date received:	_____
Birth certificate/Passport/Travel document sighted (Circle).	
AIR immunisation history statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student resides within local intake area	<input type="checkbox"/> YES <input type="checkbox"/> NO
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- Australian Immunisation Register (AIR) Immunisation History Statement; (not more than two months old) or AIR Immunisation History Form; or Immunisation Certificate issued by the Chief Health Officer via mygov app/Medicare .....
- Copies of Family Court or any other court orders (if applicable).....
- Proof of address attached to the property eg lease agreement (minimum lease of 3 months), rates, utilities bill (electricity or gas) .....
- Information relating to suspensions or exclusions .....
- Information relating to disability .....

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

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

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

Confirmation of placement or enrolment for an overseas fee-paying student or evidence of any permission to transfer provided by TAFE International WA .....

**or**

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



**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**



**APPLICATION FOR ENROLMENT FORM**  
*(For enrolment in a Western Australian Public School)*

OFFICE USE ONLY	
Date received:	_____
Birth certificate/Passport/Travel document sighted (Circle).	
AIR immunisation history statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student resides within local intake area	<input type="checkbox"/> YES <input type="checkbox"/> NO
Visa sighted:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family Court Order/s:	<input type="checkbox"/> YES <input type="checkbox"/> NO

**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: Miss/Mrs/Ms/Mr/Other \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/2026

*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.  
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PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
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Child's surname: _____	Given names: _____	Date of birth: ____/____/____	Sex (M / F)
Legal Surname (if different): _____			
Full Name of parent/responsible person: _____	_____		Mr / Mrs / Miss / Ms/Other:
Residential Address (must be completed):			Postcode:
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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify and attach supporting documentation.			
Year Level: Pre-Primary Start date: Beginning of school year <b>2027</b> <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
If applicable, year level child currently enrolled in (e.g. Kindergarten):			
If applicable, name of school at which the child is currently or was last enrolled:			
Immunisation: you are required to provide the school with this information when you apply to enrol your child Is the child immunised? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, does the child have an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is the student's descent: Aboriginal <input type="checkbox"/> YES <input type="checkbox"/> NO      Torres Strait Islander (TSI) <input type="checkbox"/> YES <input type="checkbox"/> NO Both Aboriginal and TSI <input type="checkbox"/> YES <input type="checkbox"/> NO			
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Has your child ever been excluded from a school? If YES, name of school: _____ <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.: _____			
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Application for Enrolment approved: _____ (Signature of Principal) ____/____/____ (date)			

**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
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**APPLICATION FOR ENROLMENT FORM**  
*(For enrolment in a Western Australian Public School)*

OFFICE USE ONLY	
Date received:	_____
Birth certificate/Passport/Travel document sighted (Circle).	
AIR immunisation history statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student resides within local intake area	<input type="checkbox"/> YES <input type="checkbox"/> NO
Visa sighted:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family Court Order/s:	<input type="checkbox"/> YES <input type="checkbox"/> NO

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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: \_\_\_\_/\_\_\_\_/2026

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**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
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Child's surname: _____	Given names: _____	Date of birth: ___/___/___	Sex (M / F)
Legal Surname (if different): _____			
Full Name of parent/responsible person: _____	Mr / Mrs / Miss / Ms/Other:		_____
Residential Address (must be completed):			Postcode:
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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify and attach supporting documentation.			
Year Level: Pre-Primary Start date: Beginning of school year <b>2027</b> <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
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**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**



**APPLICATION FOR ENROLMENT FORM**  
*(For enrolment in a Western Australian Public School)*

OFFICE USE ONLY	
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Birth certificate/Passport/Travel document sighted (Circle).	
AIR immunisation history statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student resides within local intake area	<input type="checkbox"/> YES <input type="checkbox"/> NO
Visa sighted:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family Court Order/s:	<input type="checkbox"/> YES <input type="checkbox"/> NO

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Name of person enrolling child: Miss/Mrs/Ms/Mr/Other \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/2026

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OFFICIAL

**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**

Child's surname: _____	Given names: _____	Date of birth: _ / _ / _	Sex (M / F)
Legal Surname (if different): _____			
Full Name of parent/responsible person: _____	Mr / Mrs / Miss / Ms/Other:		_____
Residential Address (must be completed):			Postcode:
Postal Address (if different from residential address):			Postcode:
Telephone (Home):	Mobile Phone No:		
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Year Level: Pre-Primary Start date: Beginning of school year <b>2027</b> <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
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Application for Enrolment approved: _____ (Signature of Principal) ____ / ____ / ____ (date)			

**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**



**APPLICATION FOR ENROLMENT FORM**  
*(For enrolment in a Western Australian Public School)*

OFFICE USE ONLY	
Date received:	_____
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AIR immunisation history statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student resides within local intake area	<input type="checkbox"/> YES <input type="checkbox"/> NO
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PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
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Child's surname: _____	Given names: _____	Date of birth: ___/___/___	Sex (M / F)
Legal Surname (if different): _____			
Full Name of parent/responsible person:	_____		Mr / Mrs / Miss / Ms/Other:
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify and attach supporting documentation.			
Year Level: Pre-Primary Start date: Beginning of school year <b>2027</b> <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
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Application for Enrolment approved: _____ (Signature of Principal) ___/___/___ (date)			

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PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
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## OFFICIAL

**SAFETY BAY PRIMARY SCHOOL**  
**PRE-PRIMARY - 2027**  
**APPLICATION FOR ENROLMENT FORM**  
**PLEASE COMPLETE BOTH SIDES**



Child's surname: _____	Given names: _____	Date of birth: ___/___/___	Sex (M / F)
Legal Surname (if different): _____			
Full Name of parent/responsible person: _____	_____		Mr / Mrs / Miss / Ms/Other:
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Application for Enrolment approved: _____ (Signature of Principal) ___/___/___ (date)			



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**APPLICATION FOR ENROLMENT FORM  
(For enrolment in a Western Australian Public School)**

OFFICE USE ONLY	
Date received:	_____
Birth certificate/Passport/Travel document sighted (Circle).	
AIR immunisation history statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student resides within local intake area	<input type="checkbox"/> YES <input type="checkbox"/> NO
Visa sighted:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family Court Order/s:	<input type="checkbox"/> YES <input type="checkbox"/> NO

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Name of child: \_\_\_\_\_

Name of person enrolling child: Miss/Mrs/Ms/Mr/Other \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/2026

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- Proof of address attached to the property eg lease agreement (minimum lease of 3 months), rates, utilities bill (electricity or gas) .....
- Information relating to suspensions or exclusions .....
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- Date of entry into Australia .....
- Passport or travel documents.....
- Current visa subclass and previous visa subclass (if applicable).....

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**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
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Year Level: Pre-Primary Start date: Beginning of school year <b>2027</b> <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
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<p>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?   <input type="checkbox"/> YES   <input type="checkbox"/> NO          If yes, please specify and attach supporting documentation.</p>			
<p>Year Level: Pre-Primary          Start date: Beginning of school year <b>2027</b>   <input type="checkbox"/> YES   <input type="checkbox"/> NO. If NO, indicate start date: _____</p>			
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Work (if convenient):		Email:	
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Year Level: Pre-Primary Start date: Beginning of school year <b>2027</b> <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
If applicable, year level child currently enrolled in (e.g. Kindergarten):			
If applicable, name of school at which the child is currently or was last enrolled:			
Immunisation: you are required to provide the school with this information when you apply to enrol your child Is the child immunised? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, does the child have an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is the student's descent: Aboriginal <input type="checkbox"/> YES <input type="checkbox"/> NO      Torres Strait Islander (TSI) <input type="checkbox"/> YES <input type="checkbox"/> NO Both Aboriginal and TSI <input type="checkbox"/> YES <input type="checkbox"/> NO			
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 currently under suspension from a school? If YES, name of school: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has your child ever been excluded from a school? If YES, name of school: _____ <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.: _____			
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. Please indicate whether:</i> <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Other _____ Please outline nature of disability/medical condition/s and provide diagnosis/assessment documentation. _____			
Application for Enrolment approved: _____ (Signature of Principal) ___/___/___ (date)			

**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**



**APPLICATION FOR ENROLMENT FORM**  
*(For enrolment in a Western Australian Public School)*

OFFICE USE ONLY	
Date received:	_____
Birth certificate/Passport/Travel document sighted (Circle).	
AIR immunisation history statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student resides within local intake area	<input type="checkbox"/> YES <input type="checkbox"/> NO
Visa sighted:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family Court Order/s:	<input type="checkbox"/> YES <input type="checkbox"/> NO

**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: Miss/Mrs/Ms/Mr/Other \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/2026

*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, double click the check box and select the radio button under the heading Default value 'Checked' and click OK.*

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- Passport or travel documents.....
- Current visa subclass and previous visa subclass (if applicable).....

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**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
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Child's surname: _____	Given names: _____	Date of birth: ___/___/___	Sex (M / F)
Legal Surname (if different): _____			
Full Name of parent/responsible person:	_____		Mr / Mrs / Miss / Ms/Other:
Residential Address (must be completed):			Postcode:
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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify and attach supporting documentation.			
Year Level: Pre-Primary Start date: Beginning of school year <b>2027</b> <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
If applicable, year level child currently enrolled in (e.g. Kindergarten):			
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**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
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**APPLICATION FOR ENROLMENT FORM**  
*(For enrolment in a Western Australian Public School)*

OFFICE USE ONLY	
Date received:	_____
Birth certificate/Passport/Travel document sighted (Circle).	
AIR immunisation history statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student resides within local intake area	<input type="checkbox"/> YES <input type="checkbox"/> NO
Visa sighted:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family Court Order/s:	<input type="checkbox"/> YES <input type="checkbox"/> NO

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Name of person enrolling child: Miss/Mrs/Ms/Mr/Other \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/2026

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**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
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Tel (H): \_\_\_\_\_ Tel (W): \_\_\_\_\_ Mobile: \_\_\_\_\_

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**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**



Child's surname: _____	Given names: _____	Date of birth: ____/____/____	Sex (M / F)
Legal Surname (if different): _____			
Full Name of parent/responsible person: _____	Mr / Mrs / Miss / Ms/Other:		
Residential Address (must be completed):			Postcode:
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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify and attach supporting documentation.			
Year Level: Pre-Primary Start date: Beginning of school year <b>2027</b> <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
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Application for Enrolment approved: _____ (Signature of Principal) ____/____/____ (date)			

**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
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**APPLICATION FOR ENROLMENT FORM**  
*(For enrolment in a Western Australian Public School)*

OFFICE USE ONLY	
Date received:	_____
Birth certificate/Passport/Travel document sighted (Circle).	
AIR immunisation history statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student resides within local intake area	<input type="checkbox"/> YES <input type="checkbox"/> NO
Visa sighted:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family Court Order/s:	<input type="checkbox"/> YES <input type="checkbox"/> NO

**DECLARATION**

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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: \_\_\_\_/\_\_\_\_/2026

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- Passport or travel documents.....
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**or**

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



**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
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**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**

Child's surname: _____	Given names: _____	Date of birth: ___/___/___	Sex (M / F)
Legal Surname (if different): _____			
Full Name of parent/responsible person: _____	_____		Mr / Mrs / Miss / Ms/Other:
Residential Address (must be completed):			Postcode:
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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify and attach supporting documentation.			
Year Level: Pre-Primary Start date: Beginning of school year <b>2027</b> <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
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**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
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**APPLICATION FOR ENROLMENT FORM**  
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OFFICE USE ONLY	
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**SAFETY BAY PRIMARY SCHOOL**  
**PRE-PRIMARY - 2027**  
**APPLICATION FOR ENROLMENT FORM**  
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Child's surname: _____	Given names: _____	Date of birth: ____/____/____	Sex (M / F)
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Full Name of parent/responsible person: _____		Mr / Mrs / Miss / Ms/Other:	
Residential Address (must be completed):			Postcode:
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Telephone (Home):		Mobile Phone No:	
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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 currently under suspension from a school? If YES, name of school: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has your child ever been excluded from a school? If YES, name of school: _____ <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.: _____			
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 _____ Please outline nature of disability/medical condition/s and provide diagnosis/assessment documentation.  _____ _____			
Application for Enrolment approved: _____ (Signature of Principal) ____/____/____ (date)			

**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**



**APPLICATION FOR ENROLMENT FORM**  
*(For enrolment in a Western Australian Public School)*

OFFICE USE ONLY	
Date received:	_____
Birth certificate/Passport/Travel document sighted (Circle).	
AIR immunisation history statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student resides within local intake area	<input type="checkbox"/> YES <input type="checkbox"/> NO
Visa sighted:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family Court Order/s:	<input type="checkbox"/> YES <input type="checkbox"/> NO

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Name of child: \_\_\_\_\_

Name of person enrolling child: Miss/Mrs/Ms/Mr/Other \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/2026

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**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**

Child's surname: _____	Given names: _____	Date of birth: ___/___/___	Sex (M / F)
Legal Surname (if different): _____			
Full Name of parent/responsible person: _____	Mr / Mrs / Miss / Ms/Other:		
Residential Address (must be completed):			Postcode:
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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify and attach supporting documentation.			
Year Level: Pre-Primary Start date: Beginning of school year <b>2027</b> <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
If applicable, year level child currently enrolled in (e.g. Kindergarten):			
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Immunisation: you are required to provide the school with this information when you apply to enrol your child Is the child immunised? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, does the child have an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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PRE-PRIMARY - 2027  
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Student resides within local intake area	<input type="checkbox"/> YES <input type="checkbox"/> NO
Visa sighted:	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Tel (H): \_\_\_\_\_ Tel (W): \_\_\_\_\_ Mobile: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2026

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PRE-PRIMARY - 2027  
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**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
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Child's surname: _____	Given names: _____	Date of birth: ____/____/____	Sex (M / F)
Legal Surname (if different): _____			
Full Name of parent/responsible person: _____		Mr / Mrs / Miss / Ms/Other:	
Residential Address (must be completed):		Postcode:	
Postal Address (if different from residential address):		Postcode:	
Telephone (Home):		Mobile Phone No:	
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify and attach supporting documentation.			
Year Level: Pre-Primary Start date: Beginning of school year <b>2027</b> <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
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**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
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**APPLICATION FOR ENROLMENT FORM**  
*(For enrolment in a Western Australian Public School)*

OFFICE USE ONLY	
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Tel (H): \_\_\_\_\_ Tel (W): \_\_\_\_\_ Mobile: \_\_\_\_\_

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OFFICIAL

**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
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- Information relating to disability .....

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- Passport or travel documents.....
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**or**

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



**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**



**APPLICATION FOR ENROLMENT FORM**  
*(For enrolment in a Western Australian Public School)*

OFFICE USE ONLY	
Date received:	_____
Birth certificate/Passport/Travel document sighted (Circle).	
AIR immunisation history statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student resides within local intake area	<input type="checkbox"/> YES <input type="checkbox"/> NO
Visa sighted:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family Court Order/s:	<input type="checkbox"/> YES <input type="checkbox"/> NO

**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: Miss/Mrs/Ms/Mr/Other \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/2026

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



**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
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Child's surname: _____	Given names: _____	Date of birth: ___/___/___	Sex (M / F)
Legal Surname (if different): _____			
Full Name of parent/responsible person: _____	Mr / Mrs / Miss / Ms/Other:		
Residential Address (must be completed):		Postcode:	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify and attach supporting documentation.			
Year Level: Pre-Primary Start date: Beginning of school year <b>2027</b> <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
If applicable, year level child currently enrolled in (e.g. Kindergarten):			
If applicable, name of school at which the child is currently or was last enrolled:			
Immunisation: you are required to provide the school with this information when you apply to enrol your child Is the child immunised? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, does the child have an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is the student's descent: Aboriginal <input type="checkbox"/> YES <input type="checkbox"/> NO      Torres Strait Islander (TSI) <input type="checkbox"/> YES <input type="checkbox"/> NO Both Aboriginal and TSI <input type="checkbox"/> YES <input type="checkbox"/> NO			
Will there be any brothers or sisters attending this school? Name/s and year levels: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO			
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Application for Enrolment approved: _____ (Signature of Principal) ___/___/___ (date)			

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PRE-PRIMARY - 2027  
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PRE-PRIMARY - 2027  
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PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
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Child's surname: _____	Given names: _____	Date of birth: ___/___/___	Sex (M / F)
Legal Surname (if different): _____			
Full Name of parent/responsible person: _____	Mr / Mrs / Miss / Ms/Other:		
Residential Address (must be completed):			Postcode:
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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify and attach supporting documentation.			
Year Level: Pre-Primary Start date: Beginning of school year <b>2027</b> <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
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**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
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OFFICE USE ONLY	
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**SAFETY BAY PRIMARY SCHOOL**  
**PRE-PRIMARY - 2027**  
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Child's surname: _____	Given names: _____	Date of birth: ___/___/___	Sex (M / F)
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**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**



**APPLICATION FOR ENROLMENT FORM**  
*(For enrolment in a Western Australian Public School)*

OFFICE USE ONLY	
Date received:	_____
Birth certificate/Passport/Travel document sighted (Circle).	
AIR immunisation history statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student resides within local intake area	<input type="checkbox"/> YES <input type="checkbox"/> NO
Visa sighted:	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Name of child: \_\_\_\_\_

Name of person enrolling child: Miss/Mrs/Ms/Mr/Other \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/2026

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Residential Address (must be completed):			Postcode:
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify and attach supporting documentation.			
Year Level: Pre-Primary Start date: Beginning of school year <b>2027</b> <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
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Will there be any brothers or sisters attending this school? Name/s and year levels: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO			
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OFFICIAL



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Year Level: Pre-Primary Start date: Beginning of school year <b>2027</b> <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
If applicable, year level child currently enrolled in (e.g. Kindergarten):			
If applicable, name of school at which the child is currently or was last enrolled:			
Immunisation: you are required to provide the school with this information when you apply to enrol your child Is the child immunised? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, does the child have an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is the student's descent: Aboriginal <input type="checkbox"/> YES <input type="checkbox"/> NO Torres Strait Islander (TSI) <input type="checkbox"/> YES <input type="checkbox"/> NO Both Aboriginal and TSI <input type="checkbox"/> YES <input type="checkbox"/> NO			
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 currently under suspension from a school? If YES, name of school: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has your child ever been excluded from a school? If YES, name of school: <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.: _____			
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 _____ Please outline nature of disability/medical condition/s and provide diagnosis/assessment documentation. _____			
Application for Enrolment approved: _____ (Signature of Principal) ___/___/___ (date)			

**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**



**APPLICATION FOR ENROLMENT FORM**  
*(For enrolment in a Western Australian Public School)*

OFFICE USE ONLY	
Date received:	_____
Birth certificate/Passport/Travel document sighted (Circle).	
AIR immunisation history statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student resides within local intake area	<input type="checkbox"/> YES <input type="checkbox"/> NO
Visa sighted:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family Court Order/s:	<input type="checkbox"/> YES <input type="checkbox"/> NO

**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: Miss/Mrs/Ms/Mr/Other \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/2026

*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, double click the check box and select the radio button under the heading Default value 'Checked' and click OK.*

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- Information relating to suspensions or exclusions .....
- Information relating to disability .....

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

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

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

Confirmation of placement or enrolment for an overseas fee-paying student or evidence of any permission to transfer provided by TAFE International WA .....

**or**

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

## OFFICIAL



**Safety Bay**  
Primary School  
Independent Public School

**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**

Child's surname: _____	Given names: _____	Date of birth: _ / _ / _	Sex (M / F)
Legal Surname (if different): _____			
Full Name of parent/responsible person: _____		Mr / Mrs / Miss / Ms/Other:	
Residential Address (must be completed):			Postcode:
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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify and attach supporting documentation.			
Year Level: Pre-Primary Start date: Beginning of school year <b>2027</b> <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
If applicable, year level child currently enrolled in (e.g. Kindergarten):			
If applicable, name of school at which the child is currently or was last enrolled:			
Immunisation: you are required to provide the school with this information when you apply to enrol your child Is the child immunised? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, does the child have an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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Application for Enrolment approved: _____ (Signature of Principal) ____ / ____ / ____ (date)			



**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**

**APPLICATION FOR ENROLMENT FORM  
(For enrolment in a Western Australian Public School)**

OFFICE USE ONLY	
Date received:	_____
Birth certificate/Passport/Travel document sighted (Circle).	
AIR immunisation history statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student resides within local intake area	<input type="checkbox"/> YES <input type="checkbox"/> NO
Visa sighted:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family Court Order/s:	<input type="checkbox"/> YES <input type="checkbox"/> NO

**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: Miss/Mrs/Ms/Mr/Other \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/2026

*NOTE: Children may be enrolled in Kindergarten in one school only, either public or private.  
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- Date of entry into Australia .....
- Passport or travel documents.....
- Current visa subclass and previous visa subclass (if applicable).....

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**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
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Full Name of parent/responsible person:	_____	Mr / Mrs / Miss / Ms/Other:	
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify and attach supporting documentation.			
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**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
PLEASE COMPLETE BOTH SIDES**

**APPLICATION FOR ENROLMENT FORM  
(For enrolment in a Western Australian Public School)**

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Tel (H): \_\_\_\_\_ Tel (W): \_\_\_\_\_ Mobile: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2026

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4. Proof of address attached to the property eg lease agreement (minimum lease of 3 months), rates, utilities bill (electricity or gas) .....
5. Information relating to suspensions or exclusions .....
6. 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 placement or enrolment for an overseas fee-paying student or evidence of any permission to transfer provided by TAFE International WA .....

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



**SAFETY BAY PRIMARY SCHOOL  
PRE-PRIMARY - 2027  
APPLICATION FOR ENROLMENT FORM  
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Tel (H): \_\_\_\_\_ Tel (W): \_\_\_\_\_ Mobile: \_\_\_\_\_

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