

**PLEASE COMPLETE BOTH SIDES**

**APPLICATION FOR ENROLMENT FORM - YEARS 1-6**

*(For enrolment in a Western Australian Public School)*

*Students in the compulsory years of schooling who are already enrolled at the school do not need to lodge a new application for that school each year.*

**OFFICE USE ONLY**

Date received: \_\_\_\_\_  
Year Level: ....  
Birth certificate/Passport/Travel document sighted (Circle).  
Student resides within local intake area ☐ YES ☐ NO  
Visa sighted: ☐ YES ☐ NO  
Family Court Order/s: ☐ YES ☐ NO  
Immunisation History Printout 18mths ☐ YES ☐ 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:

Title: \_\_\_\_\_ 1<sup>st</sup> Name: \_\_\_\_\_ 2<sup>nd</sup> Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

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

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

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

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

**DOCUMENTS TO BE PROVIDED**

**Checklist:**

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

1. Birth Certificate (original or certified copy) or extract or other identity documents ☐
2. 'Immunisation Certificate' – Phone Australian Childhood Immunisation Register (ACIR) on 1800 653 809 ..... ☐
3. Copies of Family Court or any other court orders (if applicable) ..... ☐
4. Proof of address i.e. copy of gas or power bill, lease agreement of at least three months ..... ☐
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 enrolment or evidence of any permission to transfer ..... ☐  
provided by Education and Training International (ETI) email: study.eti@dtwd.wa.gov.au  
(if holding an International full fee student visa, sub class 571);

**or**

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

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**PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)**

Child's surname  Legal (if different):	Given names:	Date of birth:	Sex (M / F):
Surname of parent/responsible person:	Given names:	Mr / Mrs / Ms / Other:	
Residential Address (must be completed):			Postcode:
Nearest intersecting street:			
Postal Address (if different from residential address):			Postcode:
Telephone (Home):	Mobile Phone No:		
Work (if convenient):	Email:		
Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? <div style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div>			
Is the child subject to access restriction? (If yes, please specify and attaché supporting documentation) and attach supporting documentation. <div style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div>			
Year Level: Start date: Beginning of school year <b>20</b> : <input type="checkbox"/> YES			
If applicable, name of school at which the child is currently or was last enrolled:			
Are you applying to enrol in a specialist program at this school? Name of specialist program: <div style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div>			
Will there be any brothers or sisters attending this school? Name/s and year levels: <div style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div>			
Is your child currently under suspension from a school? If YES, name of school: <div style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div>			
Has your child ever been excluded from a school? If YES, name of school: <div style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div>			
Is your child a permanent resident of Australia? <div style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div> 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: <div style="display: flex; justify-content: space-around;"><input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Other medical condition/s</div> Please outline nature of disability/medical condition/s (or attach details).			
Application for Enrolment approved: _____ (signature of Principal) __/__/____ (date)			