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.

KINDERGARTEN – YEAR 6

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**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: _________________________________________________

Relationship to child: _________________________________________________________

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

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.

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**DOCUMENTS TO BE PROVIDED**

Please place X in ☐ to indicate each document is attached to this application form.

1. Birth Certificate or extract or other identity documents if applicable ☐
2. ‘Immunisation Certificate’ ☐
3. Copies of Family Court or any other court orders (if applicable) ☐
4. Proof of address (see Requested documentation in the attached Parent information) ☐
5. Information relating to 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) at 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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**OFFICE USE ONLY**

Date received:
Birth certificate / other: YES ☐ NO ☐
Visa sighted: YES ☐ NO ☐
Family Court Order: YES ☐ NO ☐

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

<table>
<thead>
<tr>
<th>Child’s surname:</th>
<th>Given names:</th>
<th>Date of birth:</th>
<th>Sex (M /F):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname of parents/responsible persons:</td>
<td>Given names:</td>
<td></td>
<td>Mr/Mrs/Ms:</td>
</tr>
<tr>
<td></td>
<td>Given names:</td>
<td></td>
<td>Mr/Mrs/Ms:</td>
</tr>
<tr>
<td>Residential Address (must be completed):</td>
<td>Postcode:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nearest intersecting street:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postal Address (if different from residential address):</td>
<td>Postcode:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone – Home:</td>
<td>Mobile Phone No:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work (if convenient):</td>
<td>Email:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child?  YES ☐ NO ☐

If applicable, year level child currently enrolled in (e.g. Year 6):

If applicable, name of school at which the child is currently or was last enrolled:

Will there be any brothers or sisters attending this school? Names and year levels: YES ☐ NO ☐

Is your child currently under suspension from a school? IF YES, name of school: YES ☐ NO ☐

Has your child ever been excluded from a school? IF YES, name of school: YES ☐ NO ☐

Is your child a permanent resident of Australia? YES ☐ NO ☐

If NO, please indicate date entered Australia: ________________ Visa Sub Class No.: ____________

Does your child have a disability/medical condition? 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:

- Physical ☐
- Intellectual ☐
- Other medical condition ☐ ________________
- Please outline nature of disability/medical condition (or attach details).