



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 _____

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.*

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 from your Medicare online account via 'mygov' website'
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.

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)

Child's surname:	Given names:	Date of birth:	Sex (M /F):
Surname of parents/responsible persons:	Given names:	Mr/Mrs/Ms:	
	Given names:	Mr/Mrs/Ms:	
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? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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? YES <input type="checkbox"/> NO <input type="checkbox"/> Names and year levels:			
Is your child currently under suspension from a school? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, name of school:			
Has your child ever been excluded from a school? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, name of school:			
Is your child a permanent resident of Australia? YES <input type="checkbox"/> NO <input type="checkbox"/> 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 <input type="checkbox"/> Intellectual <input type="checkbox"/> Other medical condition <input type="checkbox"/> _____ <input type="checkbox"/> Please outline nature of disability/medical condition (or attach details).			