



Application for Enrolment in a Western Australian Public School (Primary)

You must complete a separate enrolment application for each student. You need to complete this enrolment application form if:

- You are enrolling a child in Kindergarten for the following year.
- You are enrolling a child in Pre-primary for the following year.
- You are enrolling a child transferring from another school in any year level.

Submitting an application for enrolment does not guarantee you will receive a place at the school. The school will notify you in writing of the outcome of your application.

If you are unable to complete this application form, please contact the school for help.

For more information please visit the Department of Education website.

| APPLECROSS PRIMARY SCHOOL | Date Received | | | |
|--|----------------------------------|--|--|--|
| For Enrolment in Year Level | Date Received | | | |
| PERSONAL DETAILS (Please complete all details below) | | | | |
| Child's surname | | | | |
| Legal surname (if different) | | | | |
| Given names | | | | |
| Date of birth (dd/mm/yy) / / | Gender Male Female Not Specified | | | |
| Parent Surname | | | | |
| Parent First Name | Title Mr Mrs Ms Other | | | |
| Residential Address (must be completed) | | | | |
| | Postcode | | | |
| Postal Address (if different from residential address) | | | | |
| | Postcode | | | |
| Telephone (Home) | Telephone (Work) (If convenient) | | | |
| Mobile Phone No. | Email | | | |

PERSONAL DETAILS (Continued)

| Year Level | enrolling in | Start date: Beginning | of school year | Y | ES | NO | | | |
|--|------------------------------------|------------------------------|--------------------------|------------|---------|------------------------------|--|--|--|
| If no, indicat | e start date / | 1 | | | | | | | |
| If applicable, year level your child is currently enrolled in (e.g. Year 6) | | | | | | | | | |
| If applicable, name of school at which your child is currently or was last enrolled | | | | | | | | | |
| Are there any Family Court Orders regarding the day to day or long term care, welfare and development of your child? | | | | | | | | | |
| YES | NO | | | | | | | | |
| Does your o | child have an Australian Immu | nisation Register (AIR) Ir | mmunisation History S | tatemen | t? | | | | |
| YES | NO | | | | | | | | |
| If your application is accepted, you will be asked to provide an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old. | | | | | | | | | |
| Will there b | e any brothers or sisters atto | ending this school? | | YES | NO | | | | |
| Name/s and | year levels | | | | | | | | |
| | | | | | | | | | |
| Is your child | d currently under suspension | from a school? | | YES | NO | | | | |
| If yes, name | of school | | | | | | | | |
| Is your child | d a temporary resident? | | | YES | NO | If yes, please indicate: | | | |
| Date entered | d Australia if born overseas. | 1 1 | | | | | | | |
| Visa Sub Cla | ass No. | | V | isa expiry | date | 1 1 | | | |
| Does your o | child have health or medical o | condition, disability or a | dditional needs? | YES | NO | | | | |
| This informa | tion will assist the school princi | pal in planning to provide t | the best educational pro | gram for | your ch | ild. Please provide details: | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

The information and statements provided in this application for enrolment are true and accurate in relation to: Name of person enrolling child Title Mr Mrs Ms Other Relationship to child (Independent minors and those aged 18 years or older may apply on their own behalf) Telephone (Home) Telephone (Work) Mobile Phone No.

Date

/

/

NOTE:

Signature

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

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

The school will advise you of any additional documentation required.

Checklist: Check the box to indicate documents you can provide to support this application.

- 1. Birth Certificate or extract or other identity documents
- 2. Copies of Family Court or any other court orders (if applicable)
- 3. Proof of address
- 4. Your child's Australian Immunisation Register (AIR) Immunisation History Statement
- 5. Information relating to health or medical condition, disability or additional needs (if applicable)
- 6. If your child is not a permanent resident of Australia, you must provide evidence of current visa subclass and previous visa subclass (if applicable, such as if current visa is a bridging visa)

Please provide any other relevant information.

| OFFICE USE ONLY | | | | | | | | | |
|--|-----|------|---|---|--|--|--|--|--|
| Documents provided: | | | | | | | | | |
| Birth Certificate or extract or other identity documents | YES | NO | | | | | | | |
| 2. Copies of Family Court or any other court orders | YES | NO | | | | | | | |
| 3. Proof of address (within local intake area) | YES | NO | | | | | | | |
| 4. Immunisation Record | YES | NO | | | | | | | |
| 5. Information relating to health or medical condition, disability or additional needs | YES | NO | | | | | | | |
| Date application received / / Year Level | | | | | | | | | |
| Principal's approval Application for Enrolment approved YES | NO | | | | | | | | |
| Name | | | | | | | | | |
| Signature of principal/delegate | | Date | / | / | | | | | |