



OFFICE USE ONLY

Date Received: _____
 Year Level: _____
 Birth Certificate/Passport/Travel document sighted (Circle): _____
 AIR Immunisation History Statement: YES NO
 Student resides within local intake area: YES NO
 Visa sighted: YES NO
 Family Court Order/s: YES NO

APPLICATION FOR ENROLMENT

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.

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: _____ 1st Name: _____ 2nd Name: _____ Surname: _____

Relationship to child: _____

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
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; or
AIR Immunisation History Form; or Immunisation Certificate issued by the Chief Health Officer
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 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
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PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname:	Legal surname (if different):	Date of birth:	Sex (M / F):
Given names:			
Surname of parent/responsible person:	Given names:	Mr / Mrs / Ms / Other:	
Residential Address (must be completed):			Postcode:
Postal Address (if different from residential address):			Postcode:
Phone (Home):		Mobile Phone:	
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? Is the child subject to access restriction? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify and attach supporting documentation. <input type="checkbox"/> YES <input type="checkbox"/> NO			
Year Level: _____ Preferred start date: Beginning of 20____ school year or ____/____/____ (dd/mm/yyyy)			
If applicable, year level child currently enrolled in (e.g. Year 7):			
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? Name/s and year levels: <input type="checkbox"/> YES <input type="checkbox"/> NO _____			
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 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: _____ Visa Grant Number: _____ Expiry date ____/____/____			
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 medical condition/s Please outline nature of disability/medical condition/s (or attach details). _____ _____ Application for Enrolment approved: _____ (Signature of Principal/Delegate) ____/____/____ (date)			