



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

You must complete a separate enrolment application for each student. You need to complete an 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 in Year 7 at a new school 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](#).

SCHOOL NAME

School name

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** YES NO

If no, indicate start date / /

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 child have an Australian Immunisation Register (AIR) Immunisation History Statement?

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 be any brothers or sisters attending this school? YES NO

Name/s and year levels

Is your child currently under suspension from a school? YES NO

If yes, name of school

Is your child a temporary resident? YES NO If yes, please indicate:

Date entered Australia if born overseas. / /

Visa Sub Class No. Visa expiry date / /

Does your child have health or medical condition, disability or additional needs? YES NO

This information will assist the school principal in planning to provide the best educational program for your child. Please provide details:

DECLARATION

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.

Signature

Date / /

If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct

Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. 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 provided 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. Information relating to suspensions
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:

1. 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	YES	NO
4. Information relating to suspensions	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 / /



MOUNT HAWTHORN PRIMARY SCHOOL

TOGETHER TOWARDS THE FUTURE

KINDERGARTEN PROGRAM 2022

Request for Preferred Days if Enrolled

Child's name:

Kindergarten class placement is dependent on:

- Distribution to achieve balance of age, gender, and avoid name replication where possible.
- Days and sessions will be determined by the operational needs of the school.

Criteria for Kindergarten placement at Killarney Street Main Site (if applicable):

It is anticipated that all classes will be located at 45 Richmond Street, Leederville, however we may also place some kindergarten classes on the main school site. This will be dependent on student numbers and facilities.

1. First priority is given to those students with identified needs that we feel would be best supported at the school site (regardless of whether a sibling is a current student or not).
2. Children with siblings starting in lowest years of the school.
3. Residential proximity to the Killarney Street campus.

Allocated Days

- Please only request specific days for pressing reasons, i.e. work commitments, child care arrangements, family concerns – provide reason for selection.
- If these criteria do not apply to you, please tick **No Preference**.

Whilst every effort is made to accommodate your request for specific days, we are unable to guarantee that your request can be accommodated. The School reserves the right to make the final decisions based on the needs of the whole school.

My preference is No Preference

Monday, Thursday and alternate Wednesday

Reason:

Tuesday, Friday and alternate Wednesday

Reason:

I acknowledge that my preference may not be able to be accommodated

Name of Parent/Guardian:

Signature of Parent/Guardian: Date: