



## Application for Enrolment in a Western Australian Public School - Primary

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.
- You are enrolling a child in Pre-Primary.
- You are enrolling a child in Year 7 at a new school.
- 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.

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](#).

### 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. Immunisation (AIR) Record - *Up to Date*
- 3. Copies of Family Court or any other court orders (*if applicable*)
- 4. Authorised Documented Proof of Guardianship (*if applicable*)
- 5. Proof of address (*please provide documentation ie: copy of Rental Agreement/Current Power/Gas/Rates account etc*)
- 6. Information relating to suspensions
- 7. Information relating to health or medical condition, disability or additional needs (*if applicable*)
- 8. 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: \_\_\_\_\_

### PERSONAL DETAILS *(Please complete all details below)*

Child's surname: \_\_\_\_\_  
*(please print)*

Legal surname *(if different)*: \_\_\_\_\_

Given names: \_\_\_\_\_  
*(please print)*

Date of birth *(dd/mm/yy)*: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female  Not Specified

Parent Surname: \_\_\_\_\_  
*(please print)*

Parent First Name: \_\_\_\_\_ Title:  Mr  Mrs  Ms  Other  
*(please print)*

Mobile Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone *(Home)*: \_\_\_\_\_ Telephone *(Work)*: \_\_\_\_\_  
*(If convenient)*

Residential Address: \_\_\_\_\_  
*(must be completed)* Postcode: \_\_\_\_\_

Postal Address: *(if different from residential address)* \_\_\_\_\_ Postcode: \_\_\_\_\_

Is the student's descent: Aboriginal YES [ ] NO [ ]  
Torres Strait Islander origin YES [ ] NO [ ]  
Both Aboriginal and TSI YES [ ] NO [ ]

## PERSONAL DETAILS *(Continued)*

Year Level enrolling in: \_\_\_\_\_ Start date: beginning of school year  YES  NO

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 a 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: \_\_\_\_\_  
*(please print)*

Title:  Mr  Mrs  Ms  Other Relationship to child: \_\_\_\_\_

Mobile Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone *(Home)*: \_\_\_\_\_ Telephone *(Work)*: \_\_\_\_\_  
*(If convenient)*

Signature Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you 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.

### OFFICE USE ONLY

#### Documents provided:

- |  |  |
|--|--|
| 1. Birth Certificate or extract or other identity documents                            | - <input type="radio"/> YES <input type="radio"/> NO |
| 2. Immunisation (AIR) Record   | - <input type="radio"/> YES <input type="radio"/> NO |
| 3. Copies of Family Court or any other court orders                                    | - <input type="radio"/> YES <input type="radio"/> NO |
| 4. Authorised Documented Proof of Guardianship   | - <input type="radio"/> YES <input type="radio"/> NO |
| 5. Proof of address  | - <input type="radio"/> YES <input type="radio"/> NO |
| 6. Information relating to suspensions   | - <input type="radio"/> YES <input type="radio"/> NO |
| 7. Information relating to health or medical condition, disability or additional needs | - <input type="radio"/> YES <input type="radio"/> NO |

Date application received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Year Level: \_\_\_\_\_