



APPLICATION FOR ENROLMENT FORM

KINDY 2021

OFFICE USE ONLY

1	APPROVED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Date received: _____		
3	Year Level: _____		
4	Birth certificate/Passport/Travel document sighted (Circle).		
5	AIR immunisation history statement	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6	Student resides within local intake area	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7	Visa sighted:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8	Family Court Order/s:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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: _____ First Name: _____ Surname: _____

RELATIONSHIP TO CHILD: _____

TELEPHONE: (H) _____ (W) _____ (M) _____

SIGNATURE: _____ DATE: _____

NOTE: Children may be enrolled in Kindergarten in one school only, whether 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

CHECKLIST:

Please place ✓ in the to indicate each document is attached to this application form.

1. Birth Certificate (original or certified copy) or birth extract or other identity documents if applicable. (Principals will refer to the guidance of 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 **Request 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



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1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)			
Child's surname Legal (if different):	Given names	Date of birth	Sex (M /F)
Surname of parent/responsible person	Given names	Mr/Mrs/Ms	
Residential Address (must be completed)		Postcode	
Nearest intersecting street			
Postal Address (if different from residential address)		Postcode	
Telephone – Home	Work (if convenient)	Mobile Phone No	
Email :			
Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? Please indicate (✓) <input type="checkbox"/> YES <input type="checkbox"/> NO Is the child subject to access restriction? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes please specify and attach supporting documentation)			
Year Level: _____ Start date: Beginning of school year 20____: <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
If applicable, year level child currently enrolled in (e.g. Year 4)			
If applicable, name of school at which the child is currently or was last enrolled:			
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 (2) months old? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you applying to enrol in a specialist program at this school? Name of specialist program:	Please indicate (✓)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will there be any brothers or sisters attending this school? Names and year levels:	Please indicate (✓)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is your child currently under suspension from a school? YES, name of school:	Please indicate (✓)	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
Has your child ever been excluded from a school? If YES, name of school:	Please indicate (✓)	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
Permanent resident of Australia? If NO, please indicate date entered Australia: _____	Please indicate (✓)	<input type="checkbox"/> YES	<input type="checkbox"/> 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: <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).			
I declare that the information provided on this form is true. If applying for a kindergarten or pre-primary program, I also declare that this is the ONLY application I have made. Signature of parent/guardian _____ Date _____			