KINDY APPLICATION FOR ENROLMENT 2016

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: ____________________________

RELATIONSHIP TO CHILD: _______________________________________

SIGNATURE: ________________________ DATE: ________________

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

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

1. Birth Certificate or extract or other identity documents if applicable. □
2. ‘Immunisation Certificate’. □
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 □
## APPLICATION FOR ENROLMENT 2016

### 1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

<table>
<thead>
<tr>
<th>Child’s surname</th>
<th>Given names</th>
<th>Date of birth</th>
<th>Sex (M/F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname of parent/responsible person</td>
<td>Given names</td>
<td></td>
<td>Mr/Mrs/Ms</td>
</tr>
<tr>
<td>Residential Address (must be completed)</td>
<td></td>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>Nearest intersecting street</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postal Address (if different from residential address)</td>
<td></td>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>Telephone – Home</td>
<td>Work (if convenient)</td>
<td>Mobile Phone No</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? Please indicate (✓)
- YES
- NO

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:

Are you applying to enrol in a specialist program at this school? Please indicate (✓)
- YES
- NO

Name of specialist program:

Will there be any brothers or sisters attending this school? Please indicate (✓)
- YES
- NO

Names and year levels:

Is your child currently under suspension from a school? Please indicate (✓)
- YES
- NO
- N/A

If YES, name of school:

Has your child ever been excluded from a school? Please indicate (✓)
- YES
- NO
- N/A

If YES, name of school:

### 2. PERMANENT RESIDENT OF AUSTRALIA?

Please indicate (✓)
- YES
- NO

If NO, please indicate date entered Australia: ____________________________ VISA SUB CLASS No: ___________

### 3. DISABILITY/MEDICAL CONDITION?

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:

- Physical
- Intellectual
- Other
- Medical Condition

Please outline nature of disability/medical condition:

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 ____________________