

APPLICATION FOR ENROLMENT FORM FOR ENROLMENT IN A WESTERN AUSTRALIAN PUBLIC SCHOOL

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: _____

Relationship to child: _____
(Independent Minors and those aged 18 years or older may apply on their own behalf)

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 X in 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 **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 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.

OFFICE USE ONLY

Date received: _____
Birth certificate / other: YES NO
Visa sighted YES NO
Family Court Order YES NO

B.5 APPLICATION FOR ENROLMENT FORM

WESTERN AUSTRALIAN PUBLIC SCHOOL

***Please read the attached general information sheet and submit to the school of your choice.*

OFFICE USE ONLY

Date received: _____
 Birth certificate sighted: YES NO
 Visa sighted YES NO
 Family Court Order sighted YES NO

1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)			
Child's surname	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	Mobile Phone No		
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? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/> Name of specialist program:			
Will there be any brothers or sisters attending this school? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> Names and year levels:			
** Is your child currently under suspension from a school? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> If yes, name of school:			
** Has your child ever been excluded from a school? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> If yes, name of school:			
2. PERMANENT RESIDENT OF AUSTRALIA? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> If no, please indicate date entered Australia: _____ VISA SUB CLASS No: _____			
3. 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 (√)			
Physical YES <input type="checkbox"/> NO <input type="checkbox"/>	Intellectual YES <input type="checkbox"/> NO <input type="checkbox"/>	Other YES <input type="checkbox"/> NO <input type="checkbox"/>	Medical Condition YES <input type="checkbox"/> NO <input type="checkbox"/>
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/responsible person _____			Date _____
Signature of parent/responsible person _____			Date _____
Signature of parent/responsible person _____			Date _____
** These questions are unlikely to apply to kindergarten and pre-primary children.			