



Subiaco Primary School

PRE-PRIMARY to YEAR 6

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.

Parent information about applying to enrol in a Western Australian public school

Thank you for your interest in applying to enrol your child in a Western Australian public school.

Enrolment in a public school is a two step process.

Step 1: Enrolment Pack Part A – Application for Enrolment

Parents lodge an *Application for Enrolment Form* with the school (attached within this pack).

Step 2: Enrolment Pack Part B – Enrolment

If your child is eligible for enrolment, you will be provided with *Parent information about enrolment* in a Western Australian public school and you will be required to complete an *Enrolment Form*.

The school will notify you of the results of your application as soon as possible. The information you have provided will be used by the school once eligibility is confirmed.

Documentary evidence, including court orders relating to your child, may be required to support information supplied. Principals may consult with the Education Regional Office where sufficient evidence has not been supplied. All official records must be in the child's **legal** name. The use of a preferred name may be possible for informal communications.

It is highly recommended not to purchase items such as uniforms until you receive confirmation of enrolment.

OFFICE USE ONLY	
Date received: _____	Year Level: _____
Birth certificate/Passport/Travel document sighted (Circle).	
Student resides within local intake area	<input type="checkbox"/> YES <input type="checkbox"/> NO
AIR Statement:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Visa sighted:	<input type="checkbox"/> YES <input type="checkbox"/> NO
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:

Child First Name: _____ Surname: _____

Person enrolling child: First Name: _____ Surname: _____

Signature: _____ Date: _____

NOTE: Children may be enrolled in Kindergarten in one school only, either public or private.

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

Checklist:

Please place an 'X' in the box to indicate each document attached (or sighted) to this application form.

1. Birth Certificate (original or certified copy) or extract or other identity documents.....
if applicable. (Principals will refer to 3.5.1 of the Enrolment Procedures where evidence is not provided)
2. Australian Childhood Immunisation Register (ACIR) History Statement.....
or International Immunisation Medical Record
3. Copies of Family Court or any other court orders (if applicable)
4. Proof of address (Rates Notice or Lease plus gas, electricity, water or telephone account).....
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) email: 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.....

PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname: Legal (if different):	Given names:	Date of birth:	Gender (M / F):
Surname of Parent / Guardian:	Given names:	Mr / Mrs / Ms / Other:	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is the child subject to access restriction? If YES, please specify and attach supporting documentation. <input type="checkbox"/> YES <input type="checkbox"/> NO			
Year Level enrolling in: _____ 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 (eg. Year 5):			
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? Name of specialist program: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Brothers or sisters attending Subiaco Primary School? Name/s and year levels: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is your child currently under suspension from a school? If YES, name of school: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has your child ever been excluded from a school? If YES, name of school: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is your child a permanent resident of Australia? If NO, please indicate date entered Australia: _____ Visa Sub Class No.: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO			
Does your child have a disability/medical condition? <i>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.</i> 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).			
Application for Enrolment approved Signature of Principal/delegate: _____ Date: _____			