



Subiaco Primary School

Years 1 to 6 - 2024

APPLICATION FOR ENROLMENT FORM

(For enrolment in a Western Australian Public School)

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.

- **Application for Enrolment**

Parents need to lodge this *Application for Enrolment Form* with the school as soon as possible. This application does not guarantee a position.

- **Enrolment**

If your child is offered a position, you will be provided with an *Enrolment package*, which includes enrolment forms to complete and return.

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

Documentary evidence will 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.

Do not send any documents with this application.

Should you be successful in your application you will need to provide the following documents at the time of enrolment.

- Birth Certificate or extract or other identity documents
- Proof of address (Rates Notice or Lease Agreement for a minimum of 6 months from commencement of enrolment, **plus** either gas, electricity, water or telephone account).
- Copies of Family Court or any other court orders (if applicable)
- Information relating to disability or medical conditions
- Australian Immunisation Register (AIR) History Statement

Evidence of Australian Citizenship: If your child, or both parents, are born overseas, please provide either citizenship certificate or passport for your child.

If your child is not an Australia Citizen, you must provide evidence of:

- Passport
- Current Visa Grant Notices, and any bridging visa notices (if applicable)

YEARS 1 TO 6 - 2024

Please return this form to Subiaco Primary School as soon as possible

PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname: Legal (if different):	Given names:	Date of birth:	Gender
Surname of Parent / Guardian:	Given names:	Mr / Mrs / Ms / Other:	
Residential Address (must be completed):			Postcode:
Postal Address (if different from residential address):			Postcode:
Telephone (Home):	Mobile Phone No:		
Work (if convenient):	Parent 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 2024 <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, indicate start date: _____			
Has this child previously attended Subiaco Primary School? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Name of school at which this child is currently or was last enrolled:			
Is your child currently under suspension from any educational facility? If YES, name of school: <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 a Citizen of Australia? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, please indicate date entered Australia: _____ Visa Sub Class 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: Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Other medical condition/s <input type="checkbox"/> Please outline nature of disability/medical condition/s (or attach details).			

PARENT DECLARATION

The information and statements provided in this application for enrolment are true and accurate

Person enrolling child: First Name: _____ Surname: _____

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.

Office Use Only

Application for Enrolment approved

Signature of Principal/delegate: _____ Date: _____

Date received: _____ Year Level: _____
Birth certificate/Passport/Travel document sighted (Circle):
Student resides within local intake area YES NO
Visa sighted: YES NO
Family Court Order/s: YES NO