

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 | <input type="checkbox"/> |
| 2. | 'Immunisation Certificate' | <input type="checkbox"/> |
| 3. | Copies of Family Court or any other court orders (if applicable) | <input type="checkbox"/> |
| 4. | Proof of address (see Requested documentation in the attached Parent information) | <input type="checkbox"/> |
| 5. | Information relating to suspensions or exclusions | <input type="checkbox"/> |
| 6. | Information relating to disability | <input type="checkbox"/> |

If your child was not born in Australia, you must provide evidence of:

- | | | |
|----|--|--------------------------|
| 1. | Date of entry into Australia | <input type="checkbox"/> |
| 2. | Passport or travel documents | <input type="checkbox"/> |
| 3. | Current visa subclass and previous visa subclass (if applicable) | <input type="checkbox"/> |

If your child is a temporary visa holder, you must also provide:

- Confirmation of enrolment or evidence of any permission to transfer provided by TAFE International WA (Formerl ETI).
(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

OFFICE USE ONLY

In area: Yes- No- Year Level: _____
 Visa: No- Yes – Visa No: _____

Approved - No Yes - Form _____

Teacher: _____

Sign: _____ Date: _____

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:	
Relationship to child:			
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? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If applicable, year level child currently enrolled in (e.g. Year 6):			
If applicable, name of school at which the child is currently or was last enrolled:			
Do you have any concerns in regards to your child's development that may affect their time in the classroom (e.g anxiety, low reading level, shyness, speech delay). If yes briefly outline any concerns; YES <input type="checkbox"/> NO <input type="checkbox"/>			
Will there be any brothers or sisters attending this school? Names and year levels: YES <input type="checkbox"/> NO <input type="checkbox"/>			
Is your child currently under suspension from a school? If YES, name of school: YES <input type="checkbox"/> NO <input type="checkbox"/>			
Has your child ever been excluded from a school? If YES, name of school: YES <input type="checkbox"/> NO <input type="checkbox"/>			
Is your child a permanent resident of Australia? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, please indicate date entered Australia: _____ Visa Grant Number _____ Visa Sub Class No.: _____ Country of Birth _____ Main Language Spoken at Home: _____			
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 <input type="checkbox"/> Intellectual <input type="checkbox"/> Other medical condition <input type="checkbox"/> _____ <input type="checkbox"/> Please outline nature of disability/medical condition (or attach details).			