



CHALLIS COMMUNITY PRIMARY SCHOOL

40 Braemore Street
Armadale WA 6122
PH: 08 9391 4100

KINDERGARTEN 2027

APPLICATION 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. 'Up to date' Immunisation History statement
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

OFFICE USE ONLYIn area: Yes- No- Year Level: _____Visa: No- Yes – Visa No: _____Approved - No Yes - Form _____

Teacher: _____

Sign: _____ Date: _____

Starting 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:		
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, name of school at which the child is currently or was last enrolled: _____ Year Level _____			
Do you have any concerns in regard 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"/>			
Are there any brothers or sisters attending this school? Names and year levels: _____ YES <input type="checkbox"/> NO <input type="checkbox"/>			
Is the child of Aboriginal or Torres Strait Islander origin? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Has your child ever been excluded or suspended from a school? If YES, name of school and brief reason: - _____ 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):-			