



## APPLICATION FOR ENROLMENT FORM – (PART A) (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:

Title: \_\_\_\_\_ 1<sup>st</sup> Name: \_\_\_\_\_ 2<sup>nd</sup> Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

*(Independent Minors and those aged 18 years or older may apply on their own behalf)*

Tel (H): \_\_\_\_\_ Tel (W): \_\_\_\_\_ Mobile: \_\_\_\_\_

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.

• In the event that an enrolled student moves to a place of residence outside of the school's local intake area then the enrolment may be reviewed.

### DOCUMENTS TO BE PROVIDED

#### Checklist:

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

*\*Note: If you are typing the information into this form, doubleclick the check box and select the radio button under the heading Default value 'Checked' and click OK.*

1. Birth Certificate (original or certified copy) or extract or other identity documents .....   
if applicable. (Principals will refer to guidance 3.5.1 of the Enrolment Procedures where evidence is not provided).
2. Australian Immunisation Register (AIR) Immunisation History Statement; or  
AIR Immunisation History Form; or Immunisation Certificate issued by the Chief Health Officer .....
3. Copies of Family Court or any other court orders (if applicable) .....
4. Proof of address (e.g. utilities account, lease agreement, proof of ownership of property, driver's  
licence, statutory declaration, **a maximum of three** may be accepted) .....
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 placement or enrolment for an overseas fee-paying student or evidence of any permission to transfer provided by TAFE International Western Australia website:  
[tafeinternational.wa.edu.au](http://tafeinternational.wa.edu.au)

**or**

Evidence of the visa for which the student has applied if the student holds .....   
a bridging visa

### YEAR ENROLLED

7  8  9  10  11  12

#### OFFICE USE ONLY

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

**PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)**

Child's surname Legal (if different):	Given names:	Date of birth:	Sex (M / F):
Surname of parent/responsible person:	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: _____ Start date: Beginning of school year <b>20</b> _____: <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
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:			
Immunisation: you are required to provide the school with this information when you apply to enrol your child Is the child immunised? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, does the child have an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you applying to enrol in a specialist program at this school? Name of specialist program/s : <input type="checkbox"/> YES <input type="checkbox"/> NO Specialist Rugby <input type="checkbox"/> Academic Excellence <input type="checkbox"/> Netball Program <input type="checkbox"/> Music <input type="checkbox"/> Instrument played .....			
Will there be any brothers or sisters attending this 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? <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"/> YES <input type="checkbox"/> NO Intellectual <input type="checkbox"/> YES <input type="checkbox"/> NO Other medical condition/s <input type="checkbox"/> YES <input type="checkbox"/> NO Please outline nature of disability/medical condition/s (or attach details).			
Application for Enrolment approved: _____ (signature of Principal/Delegate) ___/___/___ (date)			