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 □
2. 'Immunisation Certificate' □
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 □
### B.5 APPLICATION FOR ENROLMENT FORM

**WESTERN AUSTRALIAN PUBLIC SCHOOL**

*Please read the attached general information sheet and submit to the school of your choice.*

<table>
<thead>
<tr>
<th>OFFICE USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date received:</td>
</tr>
<tr>
<td>Birth certificate sighted: YES □ NO □</td>
</tr>
<tr>
<td>Visa sighted: YES □ NO □</td>
</tr>
<tr>
<td>Family Court Order sighted: YES □ NO □</td>
</tr>
</tbody>
</table>

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#### 1. PERSONAL DETAILS *(PLEASE PRINT ALL DETAILS BELOW)*

<table>
<thead>
<tr>
<th>Child's surname</th>
<th>Given names</th>
<th>Date of birth</th>
<th>Sex (M /F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname of parent/responsible person</td>
<td>Given names</td>
<td>Mr/Mrs/Ms</td>
<td></td>
</tr>
</tbody>
</table>

**Nearest intersecting street**

**Postal Address (if different from residential address)**

**Telephone - Home**

**Mobile Phone No**

**Email**

**Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child?**

Please indicate (✓) YES □ NO □

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:

**Are you applying to enrol in a specialist program at this school?**

Please indicate (✓) YES □ NO □

Name of specialist program:

**Will there be any brothers or sisters attending this school?**

Please indicate (✓) YES □ NO □

Names and year levels:

**Is your child currently under suspension from a school?**

Please indicate (✓) YES □ NO □ N/A □

**Has your child ever been excluded from a school?**

Please indicate (✓) YES □ NO □ N/A □

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#### 2. PERMANENT RESIDENT OF AUSTRALIA?

Please indicate (✓) YES □ NO □

If no, please indicate date entered Australia: _____________________________

VISA SUB CLASS No: _____________________________

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#### 3. 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 (✓)

<table>
<thead>
<tr>
<th>Physical</th>
<th>Intellectual</th>
<th>Other</th>
<th>Medical Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES □ NO □</td>
<td>YES □ NO □</td>
<td>YES □ NO □</td>
<td>YES □ NO □</td>
</tr>
</tbody>
</table>

Please outline nature of disability/medical condition:

I declare that the information provided on this form is true. If applying for a kindergarten or pre-primary program, I also declare that this is the ONLY application I have made.

Signature of parent/responsible person _____________________________ Date __________

Signature of parent/responsible person _____________________________ Date __________

Signature of parent/responsible person _____________________________ Date __________

**These questions are unlikely to apply to kindergarten and pre-primary children.**