



SOUTH THORNLIE PRIMARY SCHOOL

OFFICE USE ONLY

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

APPLICATION FOR ENROLMENT FORM

(For enrolment in a Western Australian Public School)

Kindergarten 2024

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:

| | | | |
|--|----------------|----------------|-----------|
| Child's surname Legal (if different): | Given names: | Date of birth: | Sex: |
| Parent / Legal Guardian 1: Surname: | Given names: | Mr / Mrs / Ms | |
| Contact Phone Number: | Email Address: | | |
| Relationship to child: _____ <i>(Independent Minors and those aged 18 years or older may apply on their own behalf)</i> | | | |
| Parent / Legal Guardian 2: Surname: | Given names: | Mr / Mrs / Ms | |
| Contact Phone Number: | Email Address: | | |
| Relationship to child: _____ <i>(Independent Minors and those aged 18 years or older may apply on their own behalf)</i> | | | |
| Residential Address (must be completed): | | | Postcode: |
| Tel (H): _____ | Tel (W): _____ | Mobile: _____ | |

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, double click 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.
2. Immunisation Records from myGov account (Australian Immunisation Register)
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 disability and/or any medical conditions

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:

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

Parent / Legal Guardian Signature: _____ Date: ____/____/____

NOTE: Children may be enrolled in Kindergarten in one school only, either public or private.

NOTE: If 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.

OTHER DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Are there any Family Court Orders regarding the day to day or long-term care, welfare and development of the child? YES NO

Is the child subject to access restriction? YES NO
If yes, please specify below and attach supporting documentation

If applicable, name of school at which the child is currently or was last enrolled:

Is your child currently under suspension from a school? YES NO

If yes, name of school _____

Will there be any brothers or sisters attending this school? YES NO

| Name/s | Year levels |
|--------|-------------|
| _____ | _____ |
| _____ | _____ |

Has your child attended a day care or childcare centre? YES NO

If yes, where? _____ How many days per week? _____

Is your child a permanent resident of Australia? YES NO

If no, please indicate date entered Australia: _____ Visa Sub Class No.: _____

Does your child speak or understand any language/s other than English? YES NO

If yes, please list language/s _____

Does your child have a disability/medical condition? YES NO (e.g. Asthma/Anaphylaxis)

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 Intellectual Other medical condition/s

Please outline nature of disability/medical condition/s (or attach details):

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Application for Enrolment approved: YES NO Date: ____/____/____

Approved by: Megan Barnett

Name of delegate: _____

Signature of Principal or delegate: _____