WILSON PRIMARY SCHOOL

60 Armstrong Road, WILSON 6107
Telephone: 9376 8650
Email: Wilson.ps@education.wa.edu.au

OFFICE USE ONLY

Date received: _____

Year Level: _____

Birth certificate/Passport/Travel document sighted (Circle).

Student resides within local intake area
☐ YES ☐ NO

APPLICATION FOR ENROLMENT FORM

(For enrolment in a Western Australian Public School)

DECLARATION

The information and statements provided in this application for enrolment are true and accurate in relation to:

Name of child: 1st Name: _____ 2nd Name: _____

Surname: _____ Date of Birth: _____

Name of person enrolling child:

Title: ____ Name: _____ Surname: _____

Relationship to child eg Mother/Father/Carer: _____

_____

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

Tel (H): _____ Tel (W): _____ Mobile: _____

Signature: _____ Date: _____/____/_____

Contact Email (MUST supply a contact email. Enrolment confirmation will be sent to this email) PLEASE PRINT CLEARLY

_____

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

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 other identity documents ..... ☐
   if applicable. (Principals will refer to guidance 3.5.1 of the Enrolment Procedures where evidence is not provided).
2. **AIR** 'Immunisation Certificate' ..... ☐
   https://www.humanservices.gov.au/individuals/services/medicare/australian-immunisation-register

The Personal Health Record Book, a GP letter or an overseas immunisation record is no longer accepted as a record of immunisation

3. Copies of Family Court or any other court orders (if applicable) ..... ☐
4. **3 copies** of Proof of address (Lease agreement, Utilities bills, Bank Statement etc) ..... ☐
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 TAFE International Western Australia (TIWA)
Public School Placement for a Fee Waiver signed from your University or
Public School Placement for a Full Fee Payer (tafeinternational.wa.edu.au)
(if holding an International full fee student visa, sub class 500);
Evidence of the visa for which the student has applied if the student holds ..... ☐
a bridging visa

P.T.O…

PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname: Legal (if different):	**Given names**: Preferred name (if different):	**Date of birth**:	**Sex** (M / F / I/I):
Surname of **Parent/Carer 1**: (main contact):	Given names:		Mr / Mrs / Ms / Other:
Relationship to child eg Mother/Father/Carer:			
Telephone (Home):	**Mobile Phone No**:		
Work (if convenient):	**Email**:		
Surname of **Parent/Carer 2**:	Given names:		Mr / Mrs / Ms / Other:
Relationship to child eg Mother/Father/Carer:			
Telephone (Home):	**Mobile Phone No**:		
Work (if convenient):	**Email**:		
Residential Address (must be completed):			Postcode:
Is this the residential address of the student to be enrolled?		☐ YES	☐ NO
Postal Address (if different from residential address):			Postcode:
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? If yes, please specify: and attach supporting documentation.		☐ YES	☐ NO
Year Level: _____ Start date: Beginning of school year **20**_____: ☐ YES ☐ NO. If NO, indicate start date: _____			
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:			
If applicable, did your child participate in KindiLink:			
Will there be any brothers or sisters attending this school? Name/s and year levels:		☐ YES	☐NO
Is your child currently under suspension from a school? If YES, name of school:		☐ YES	☐ NO
Has your child ever been excluded from a school? If YES, name of school:		☐ YES	☐ NO
Is the student's descent Aboriginal or Torres Strait Islander?		☐ YES	☐ NO
Does your child speak a language other than English at home? If yes, please specify: _____		☐ YES	☐ NO
Is your child an Australian Citizen? *(Evidence may be required)* **or** is your child a permanent resident of Australia?		☐ YES ☐ YES	☐ NO ☐ NO
Please indicate date entered Australia: _____	Visa Sub Class No.: _____		
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 ☐ Intellectual ☐ Other medical condition/s (ie allergies/asthma) Please outline nature of disability/medical condition/s (or attach details): _____			
Application for Enrolment approved: _____ (signature of Principal) __/__ /___ (date)			