



OFFICE USE ONLY

Date received: _____
 Year Level: YR7 YR8 Y 9 YR10 YR11 YR 12
 Sighted: Birth certificate Passport Travel document
 AIR immunisation history statement YES NO
 Student resides within local intake area YES NO
 Visa sighted: YES NO
 Family Court Order/s: YES NO

APPLICATION FOR ENROLMENT FORM – PART A

(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:

1 st Name:		2 nd Name:	
Surname:		Previous Surname: (If applicable)	
Please indicate your relationship to the student	<i>(Independent Minors and those aged 18 years or older may apply on their own behalf)</i>		
Telephone (Home):		Telephone (Work):	
Mobile:		Email:	
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

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.....
(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
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 placement or enrolment for an overseas fee-paying student or evidence of any permission to transfer provided by TAFE International WA

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

PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's legal surname: Previous surname (if different):	Given name/s:	Date of birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non- Binary
Surname of parent/guardian:	Given names:	Mr / Mrs / Ms / Other:	
Residential address:			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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify and attach supporting documentation.			
Year Level: Start date: Beginning of school year: 20 <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, indicate start date:			
Year level child currently enrolled in (e.g. Year 6):			
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			
Are you applying to enrol in a special program at this school? Name of program: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are there any siblings attending this school? <input type="checkbox"/> YES <input type="checkbox"/> NO Full Names of Brothers and Sisters attending this College: 1. 2. 3.			
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.: _____			
<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. Please indicate:</i>			
Does your child have a medical condition or intensive health care need? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Please Tick:			
<input type="checkbox"/> Allergy – Anaphylaxis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hearing condition (e.g. otitis media)	
<input type="checkbox"/> Allergy – Other	<input type="checkbox"/> Diagnosed migraine/headaches	<input type="checkbox"/> Mental health (e.g. depression/anxiety)	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Seizure Disorder (e.g. epilepsy)	<input type="checkbox"/> Behavioural (e.g. ADD/ADHD)	
<input type="checkbox"/> Other: _____			
Does your child have a disability condition? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, please outline nature of disability (tick and attach details):			
<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Severe Mental Disorder	<input type="checkbox"/> Global Developmental Delay (prior to age6)	
<input type="checkbox"/> Vision Impairment	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Other: _____	

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Application for Enrolment approved: YES NO

Signature of Principal / Delegate: _____ Date: ____ / ____ / ____

Additional Comments: