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. AIR Immunisation History Statement *(not more than 2 months old)* ☐
3. Copies of Family Court or any other Court Orders (if applicable) ☐
4. 2 x Proof of address ie; rates notice, rental agreement, utility bill ☐
5. Information relating to disability / medical condition ☐
6. ***If your child was not born in Australia* OR *both parents were born overseas, you must provide:***
   - ☐ **Evidence of the date of entry into Australia;**   ☐ **Current visa and previous visas (if applicable).**
   - ☐ **Passport or travel documents**   **or**   ☐ **Current Australian citizenship certificate.**
   ☐

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. ☐

APPLICATIONS TO LOCAL-INTAKE SCHOOLS (PRE-COMPULSORY YEAR OF SCHOOLING)

First Priority	Second Priority	Third Priority	Fourth Priority
A child residing in the local-intake area for the school, with a sibling enrolled at the same school for that year, and who lives the nearest to the school.	A child residing in the local-intake area for the school, who does not have a sibling enrolled at the same school for that year, and lives nearest to the school.	A child residing outside the local-intake area for the school, has a sibling enrolled at the same school for that year, and who lives the nearest to the school.	A child residing outside the local-intake area for the school, does not have a sibling enrolled at the same school for that year, and who lives nearest to the school.

OFFICE USE ONLY

Date Application received: _____Year Level: _____
Birth certificate / other: YES ☐   NO ☐
Immunisation: YES ☐   NO ☐
2 x Proof of address   YES ☐   NO ☐
Visa sighted /Citizenship   YES ☐   NO ☐
Family Court Order   YES ☐   NO ☐

Accepted / Not Accepted

Date: _____ Principal: _____

Child's surname:	Given names:	Date of birth:	Sex (M /F):
Parent / Guardian Surname:	Given names:		Mr/Mrs/Ms:

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?　　　　　　　　　　YES ☐　　　　NO ☐

Name of Day Care Centre / Pre-school attended (if applicable) and phone number:

Will there be any brothers or sisters attending this school? Names and year levels:　　　　　　　　　　　　　　YES ☐　　　　NO ☐

Is your child a permanent resident of Australia? 　　　　　　　　　　　　　　　　YES ☐　　　　NO ☐ If NO, please indicate date entered Australia: _____ Visa Sub Class No: _____ Visa Expiry Date: _____ 　　　　　　　　　　　　　　　　　　　　　(*Please attach a copy*)

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 ☐ _____ Please outline nature of disability / medical condition (or attach details).