

DECLARATION

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

Name of child: _____

Year Level enrolling in: _____ Start Date: _____

Name of person enrolling child: _____

Relationship to child: _____

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 as found on MY GOV website ☐
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 suspensions or exclusions ☐
6. Information relating to disability/medical condition ☐
7. **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 (COMPULSORY YEARS OF SCHOOLING)

First Priority	Second Priority	Third Priority
A child qualifying for a specialist program approved by the Director General for that year.	A child who has a sibling also enrolled at the school in the current year, (other than siblings enrolled in specialist programs approved by the Director General), and who live nearest to the school.	A child who does not have a sibling enrolled at the school in the current year, or who has a sibling enrolled in a specialist program approved by the Director General, and who lives nearest 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: _____

PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname:	Given names:	Date of birth:	Sex (M /F):
Surname of parent/responsible person:	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 <input type="checkbox"/> NO <input type="checkbox"/>			
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:			
Will there be any brothers or sisters attending this school? Names and year levels: YES <input type="checkbox"/> NO <input type="checkbox"/>			
Is your child currently under suspension from a school? If YES, name of school: YES <input type="checkbox"/> NO <input type="checkbox"/>			
Has your child ever been excluded from a school? If YES, name of school: YES <input type="checkbox"/> NO <input type="checkbox"/>			
Is your child a permanent resident of Australia? YES <input type="checkbox"/> NO <input type="checkbox"/> 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 <input type="checkbox"/> Intellectual <input type="checkbox"/> Other medical condition <input type="checkbox"/> _____ Please outline nature of disability/medical condition (or attach details).			