



Beachlands Primary School
 50 Whitfield Street Beachlands WA 6530
 Phone: 9923 6900
 Email: beachlands.ps@education.wa.edu.au

OFFICE USE ONLY	
Date received:	_____
Year Level:	_____ Form: _____
Birth certificate/Passport	<input type="checkbox"/> YES <input type="checkbox"/> NO
Immunisation (AIR)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Proof of address	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student resides within local intake area	<input type="checkbox"/> YES <input type="checkbox"/> NO
Visa sighted (if applicable):	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family Court Order/s (if applicable):	<input type="checkbox"/> YES <input type="checkbox"/> NO

APPLICATION FOR ENROLMENT FORM Kindergarten

(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					
NAME OF PERSON ENROLLING CHILD					
TITLE		FIRST NAME		SURNAME	
RELATIONSHIP TO CHILD					
TEL (H)		TEL (W)		MOBILE	
SIGNATURE				DATE	
<small>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.</small>					

DOCUMENTS TO BE PROVIDED

Checklist:

Please place an *X* in the box to indicate each document attached 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.

- Birth Certificate** (original or certified copy) or extract or other identity documents
if applicable. (Principals will refer to guidance 3.5.1 of the Enrolment Procedures where evidence is not provided).
- Australian Immunisation Register (AIR) Immunisation History Statement;** or
AIR Immunisation History Form; or Immunisation Certificate issued by the Chief Health Officer
- Copies of Family Court or any other court orders** (if applicable)
- Proof of address** (see Requested documentation in the attached Parent information)
- Information relating to suspensions or exclusions**
- Information relating to disability**

If your child was not born in Australia, you must provide evidence of:

- Date of entry into Australia**
- Passport or travel documents**
- 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 **Education and Training International (ETI)** email: 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

Please turn over

PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

CHILD'S SURNAME		GIVEN NAMES			
LEGAL SURNAME (IF DIFFERENT)		DATE OF BIRTH		GENDER	
				MALE/ FEMALE/ OTHER	
SURNAME OF PARENT/RESPONSIBLE PERSON		GIVEN NAMES		MR / MRS / MS / OTHER	
RESIDENTIAL ADDRESS (MUST BE COMPLETED)				POSTCODE	
NEAREST INTERSECTING STREET					
POSTAL ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)				POSTCODE	
TELEPHONE (HOME)				MOBILE PHONE NO	
TELEPHONE 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"/>	
Is the child subject to ACCESS RESTRICTION? If yes, please specify and attach supporting documentation.				YES <input type="checkbox"/> NO <input type="checkbox"/>	
YEAR LEVEL		START DATE		OR Beginning of school year	20__
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					
IMMUNISATION: (you are required to provide the school with this information when you apply to enrol your child)					
Is the child immunised?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, does the child have an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
Will there be any brothers or sisters attending this school? Name/s and year levels				YES <input type="checkbox"/> NO <input type="checkbox"/>	
Permission to update contact details for siblings to reflect details on this form?				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 Expiry Date:				Visa Sub Class No	
Does your child have a disability/medical condition? <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 whether:</i>					
<input type="checkbox"/> Physical		<input type="checkbox"/> Intellectual		<input type="checkbox"/> Other medical condition/s	
Please outline nature of disability/medical condition/s (or attach details).					
Has your child experienced any difficulties or received any treatment for the following:					
<input type="checkbox"/> Toileting		<input type="checkbox"/> Speech/Language Therapy		<input type="checkbox"/> Occupational Therapy/Physiotherapy	
<i>This information will enable class teachers to best cater for the needs of all students in the class.</i>					
OFFICE USE ONLY					
Application for Enrolment approved: (signature of Principal)					Date:
Progress pending evidence <input type="checkbox"/>		School Officer - call to request evidence <input type="checkbox"/>		Evidence provided <input type="checkbox"/>	
Unsuccessful <input type="checkbox"/>		Principal made contact <input type="checkbox"/> School officer e-mailed unsuccessful letter <input type="checkbox"/>		Completed:	