

EMBLETON PRIMARY SCHOOL

51 Priestley Street, EMBLETON, WA, 6062
 Tel: 08 9388 9700 Email: Embleton.PS@education.wa.edu.au
 Website: www.embletonps.wa.edu.au



OFFICE USE ONLY	
Date received: _____	
Birth certificate	YES <input type="checkbox"/> NO <input type="checkbox"/>
AIR History Statement	YES <input type="checkbox"/> NO <input type="checkbox"/>
POA	YES <input type="checkbox"/> NO <input type="checkbox"/>
Family Court Order (if applicable)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Visa details (if applicable)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Application: accepted / not accepted	

APPLICATION FOR ENROLMENT

**WESTERN AUSTRALIAN
PUBLIC SCHOOL**

1. PERSONAL DETAILS			
Child's SURNAME	Given names	Date of birth	Sex (M/F/Indeterminate)
Surname of parent/responsible person	Given names		Mr/Mrs/Ms/Miss
Residential Address (must be completed)			Postcode
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? Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/>			
Does your child have an Australian Immunisation Register (AIR) Immunisations History Statement? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If your application is accepted, you will be asked to provide an AIR History Statement that is not more than 2 months old.</i>			
Year level child is currently enrolled in and the name of the school, if applicable (e.g. Year 3 at Guildford Primary School)			
Are there or will there be any brothers or sisters attending this school? Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/>			
Names and year levels: _____			
Is your child currently under suspension/or been excluded from a school? Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> If yes, name of school: _____			
2. PERMANENT RESIDENT OF AUSTRALIA?		Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/>	
If no, please indicate date entered Australia: _____ VISA SUB CLASS No: _____			
3. DISABILITY/MEDICAL CONDITION?			
Please indicate below if your child has any disability/medical condition and provide details. 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.			
Physical YES <input type="checkbox"/> NO <input type="checkbox"/> _____			
Intellectual YES <input type="checkbox"/> NO <input type="checkbox"/> _____			
Other YES <input type="checkbox"/> NO <input type="checkbox"/> _____			
Medical Condition YES <input type="checkbox"/> NO <input type="checkbox"/> _____			
I declare that the information provided on this form is true. If applying for a kindergarten or pre-primary program, I also declare that this is the <u>ONLY</u> application I have made.			
Signature of parent/responsible person _____ Date _____			