



OFFICE USE ONLY	
Year: _____	Date received: ___/___/_____
<input type="checkbox"/> PP <input type="checkbox"/> YR1 <input type="checkbox"/> YR2 <input type="checkbox"/> YR3 <input type="checkbox"/> YR4 <input type="checkbox"/> YR5 <input type="checkbox"/> YR6	
Local Intake Area:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Birth certificate / other	YES <input type="checkbox"/> NO <input type="checkbox"/>
AIR immunisation statement	YES <input type="checkbox"/> NO <input type="checkbox"/>
Visa / Passport sighted	YES <input type="checkbox"/> NO <input type="checkbox"/>
Family Court Order:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Current Siblings:	_____
<input type="checkbox"/> <b>ACCEPTED</b> <input type="checkbox"/> <b>NOT ACCEPTED</b>	

### APPLICATION FOR ENROLMENT FORM

Students in the compulsory years of schooling who are already enrolled at the school do not need to lodge a new application for that school each year.

### DECLARATION

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

CHILD'S SURNAME:	CHILD'S GIVEN NAMES:	DATE OF BIRTH: <small>DAY / MONTH / YEAR</small> __ / __ / ____	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex
Surname of Person Enrolling Child:	Given Names:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other: __	

RELATIONSHIP TO CHILD:

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_ (PRE-PRIMARY – YEAR 6)

**NOTE: Children may be enrolled 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.**

### SUPPORTING DOCUMENTATION TO BE PROVIDED BEFORE PROCESSING APPLICATION

Please place X in  to indicate each document is attached to this application form.

- 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).
- AUSTRALIAN IMMUNISATION HISTORY STATEMENT**; Australian Immunisation Register (AIR) that is not more than two months old .....
- PROOF OF ADDRESS**- Utility bill / Drivers licence / Statutory Declaration form (Dual Occupancy) .....
- Copies of Family Court or any other court orders (if applicable) .....
- Information relating to suspensions or exclusions .....
- Information relating to disability .....

**IF YOUR CHILD WAS NOT BORN IN AUSTRALIA OR BOTH PARENTS WERE BORN OVERSEAS, please provide the following details:**

- Date of entry into Australia .....
- Passport or travel documents .....
- Australian Citizenship Certificate .....
- Visa Grant Notice (please provide original Visa Grant Notice if on a bridging visa) .....

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 .....

**PLEASE COMPLETE THE REVERSE SIDE**

**PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)**

CHILD'S LEGAL SURNAME	CHILD'S GIVEN NAMES:	DATE OF BIRTH: _ _ / _ _ / _ _ _ _	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex
Surname of parent/guardian: _____	Given names: _____	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other: _____	
RESIDENTIAL ADDRESS (must be completed): _____			POSTCODE: _ _ _ _ _
Postal Address (if different from residential address): _____			Postcode: _ _ _ _ _
HOME PHONE: (08) _ _ _ _ - _ _ _ _	MOBILE PHONE NO: _ _ _ _ _ _ _ _		
WORK: (08) _ _ _ _ - _ _ _ _	EMAIL: _ _ _ _ _ _ _ _ _ _ @ _ _ _ _ _		

**Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child?**  YES  NO  
 Is the child subject to access restriction?  YES  NO  
*If yes, please specify and provide supporting documentation*

**Current School Year Level:**  KINDY  PP  YR1  YR2  YR3  YR4  YR5  YR6  
**START DATE:** Beginning of school year 20\_\_ \_\_ **OR** Indicate start date: \_ \_ / \_ \_ / \_ \_ \_ \_

**NAME OF THE SCHOOL YOUR CHILD IS CURRENTLY ENROLLED AT:**  
 \_\_\_\_\_

**Are there any siblings currently attending Embleton Primary School?**  YES  NO  
 If YES, provide the name/s and year levels:  
 \_\_\_\_\_

**IMMUNISATION:** *you are required to provide the school with this information when you apply to enrol your child*  
 Is your child immunised?  YES  NO  
 If yes, does the child have an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old?  YES  NO  
**(Please provide a copy to the school)**


**Is your child currently under suspension from a school?**  YES  NO  
 If YES, name of school: \_\_\_\_\_

**Has your child ever been excluded from a school?**  YES  NO  
 If YES, name of school: \_\_\_\_\_

**IS YOUR CHILD A PERMANENT RESIDENT OF AUSTRALIA?**  YES  NO  
*If YES, please note that being born in Australia does not automatically make a child an Australian citizen. The child is a temporary resident if neither parent was an Australian citizen or a permanent resident of Australia when the child was born. These children hold the same temporary visa subclass as their parents). Please provide proof of Permanency when submitting form.*  
 If NO, please indicate date entered Australia: \_ \_ / \_ \_ / \_ \_ \_ \_ \_ Visa Sub Class No.: \_ \_ \_

**DOES YOUR CHILD HAVE A DISABILITY OR A 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/s  
 Please outline nature of disability or medical condition/s (or provide details).  
 \_\_\_\_\_

Once the application has been accepted, you will be required to complete an Enrolment Form and submit it to the school. If your Application for Enrolment is not accepted, you will be advised in writing within three weeks of the advertised closing date for applications.

**Application for Enrolment approved:**  \_\_\_\_\_ **(signature of Principal)** \_ \_ / \_ \_ / \_ \_ \_ \_ **(date)**