

Kindy 2019

HILLMAN PRIMARY SCHOOL

An Independent Public School



APPLICATION FOR ENROLMENT FORM (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: _____ DOB: _____

Name of person enrolling child:

Title: _____ 1st Name: _____ 2nd Name: _____ Surname: _____

Relationship to child: _____

Tel (H): _____ Tel (W): _____ Mobile: _____

Signature: _____ Date: ____/____/____

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.

DOCUMENTS TO BE PROVIDED

Checklist:

Please place an ***X*** in the box to indicate each document attached (or sighted) 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.*

1. 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).
2. 'Immunisation Certificate' (ACIR Immunisation History Statement) available from Medicare office and online from www.Medicareaustralia.gov.au.....
3. Copies of Family Court or any other court orders (if applicable)
4. Proof of address (see Requested documentation in the attached Parent information)
5. Information relating to suspensions or exclusions
6. Information relating to disability

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

1. Date of entry into Australia
2. Passport or travel documents
3. 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 note 2019 Kindergarten Applications MUST be accompanied by a copy of child's Birth Certificate, Immunisation statement and proof of address.

PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname: Legal (if different):	Given names:	Date of birth:	Sex (M / F):
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:		
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is the child subject to access restriction? If yes, please specify and attach supporting documentation. <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has your child been enrolled in a Western Australian Public School before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes Name of School			
Will there be any brothers or sisters attending this school? <input type="checkbox"/> YES <input type="checkbox"/> NO Name/s and year levels:			
Is your child a permanent resident of Australia? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, please indicate date entered Australia: _____ 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). Application for Enrolment approved: _____ (signature of Principal) ___/___/___ (date) Commencement Date ___/___/___ Classroom _____			
Would you be interested in joining the Hillman Primary School, School Board? The School Board members contribute to the School Delivery and Performance Agreement and Business Plan.			<input type="checkbox"/> YES <input type="checkbox"/> NO
Would you be interested in joining the Hillman Primary School P&C? Our P&C are instrumental in fundraising for the school and also run the Uniform Shop, new members and volunteers are always welcome.			<input type="checkbox"/> YES <input type="checkbox"/> NO

OFFICE USE ONLY

Date received: _____ Application: Accepted / Not Accepted _____

Birth certificate / other: YES NO Visa sighted YES NO

Family Court Order YES NO Immunisation Provided: YES NO

Notes _____