WESTERN AUSTRALIAN GOVERNMENT SCHOOL

Year 1 – 6 2017

OFFICE USE ONLY
Date received:_____

Application: accepted / not accepted

Birth Certificates, visas and immunisation details will be requested at time of formal enrolment.

APPLICATION FOR ENROLMENT (CONFIDENTIAL)

1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname	Given names	Date of birth	Sex (M/F)

Surname of parent/guardian	Given names	Mr/Mrs/Ms

Residential Address (must be completed)	Postcode

Nearest intersecting street

Postal Address (if different from residential address)	Postcode
Email Address	

Telephone – Home	Work (if convenient)	Mobile Phone No

Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? Please indicate (√) YES ☐ NO ☐

If applicable, year level child currently enrolled in (e.g. Year 7)

If applicable, name of school at which the child is currently or was last enrolled:

Are you applying to enrol in a specialist program at this school? Please indicate (√) YES ☐ NO ☐
Name of specialist program:

Are there any siblings currently attending this school? Please indicate (√) YES ☐ NO ☐
Names and year levels:

****** Is your child currently under suspension from a school? Please indicate (√) YES ☐ NO ☐ N/A ☐
If yes, name of school:

****** Has your child ever been excluded from a school? Please indicate (√) YES ☐ NO ☐ N/A ☐
If yes, name of school:

2. PERMANENT RESIDENT OF AUSTRALIA? Please indicate (√) YES ☐ NO ☐

If no, please indicate date entered Australia:_____VISA SUB CLASS No:_____

3. Has your child been assessed by: Speech Therapist ☐ Occupational Therapist ☐ Physiotherapist ☐
Psychologist ☐ Child Psychiatrist ☐ Paediatrician ☐ When was their last appointment : _____
When was the last assessment : _____

4. 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 (√)

Physical	Intellectual	Other	Medical Condition
YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

Please outline nature of disability/medical condition:

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 ONLY application I have made.*

Signature of parent/guardian _____ Date _____

Signature of parent/guardian _____ Date _____

Signature of parent/guardian _____ Date _____