



**OFFICE USE ONLY**

Date received: \_\_\_\_\_  
 Year Level: .... \_\_\_\_\_  
 Birth certificate/Passport/Travel document sighted (Circle).  
 AIR immunisation history statement  YES  NO  
 Proof of Address  YES  NO  
 Visa sighted:  YES  NO  
 Family Court Order/s:  YES  NO

**APPLICATION FOR ENROLMENT FORM**  
 (For enrolment in a Western Australian Public School)

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.

<b>THE INFORMATION AND STATEMENTS PROVIDED IN THIS APPLICATION FOR ENROLMENT ARE TRUE AND ACCURATE IN RELATION TO:</b>	
Child's Surname: _____	
Legal Surname: _____	
Given Names: _____	
DOB: ____/____/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified
Parent Surname: _____	
Parent First Name: _____	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other: _____
Residential Address: _____ _____ Postcode: _____	
Postal Address: _____ Postcode: _____	
Telephone (Home): _____	Telephone (Work): _____
Mobile Phone No: _____	Email: _____
Signature of parent/guardian  _____ Date: ____/____/____ (Kindergarten)	
Signature of parent/guardian  _____ Date: ____/____/____ (PP – Year 12)	
<p><b>NOTE:</b> Children may be enrolled in Kindergarten in one school only, either public or private.</p> <p><b>NOTE:</b> 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</p>	
<b>DOCUMENTS TO BE PROVIDED</b>	
Year Level enrolling in: _____	
Start date: Beginning of school year 20 _____ OR Indicate start date: ____/____/____	
Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child?	
Is the child subject to access restriction? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>	
<b>If yes</b> , please specify and attach supporting documentation.	
Name of school at which the child is currently or was last enrolled: _____	
Will there be or are there any sibling's currently attending Exmouth District High School? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>	
Name/s and year levels:	
Name: _____ Year: _____	Name: _____ Year: _____
Name: _____ Year: _____	Name: _____ Year: _____

Is your child currently under suspension from a school?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>If Yes</b> , name of school: _____		
Has your child ever been suspended from a school?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>If Yes</b> , name of school: _____		
Is your child a temporary resident of Australia?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Date entered Australia if born overseas: ___/___/_____		
Visa Sub Class No.: _____ Visa expiry date: ___/___/_____		
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.</i>		
Please indicate whether: <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).		
<b>DECLARATION</b>		
<b>The information and statements in this application are true and accurate in relation to:</b>		
Name of person enrolling child: _____		
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms    Other: _____		
Relationship to child: _____		
Telephone (Home): _____		Telephone (Work): _____
Mobile Phone No: _____		Email: _____
Signature: _____		Date: ___/___/_____
<b>DOCUMENTS TO BE PROVIDED</b>		
The school will advise you of any additional documentation required.		
Checklist: Check the <input checked="" type="checkbox"/> to indicate documents you can provide to support this application.		
<input type="checkbox"/> 1. Birth Certificate <input type="checkbox"/> 2. Copies of Family Court or any other identity documents. <input type="checkbox"/> 3. Proof of address. <input type="checkbox"/> 4. Information relating to suspensions. <input type="checkbox"/> 5. Information relating to health or medical condition, disability or additional needs (if applicable). <input type="checkbox"/> 6. If your child is not a permanent resident of Australia, you must provide evidence of current visa subclass and previous visa subclass (if applicable, such as if current visa is a bridging visa). <input type="checkbox"/> 7. Immunisation Statement (not more than 2 months old)		

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Date application received: ___/___/_____	Year Level: _____
Principal's approval: Application for Enrolment approved <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name: _____	Date: ___/___/_____    Signature of Principal/Delegate: _____