



West Balcatta
Primary School

Kindergarten 2024

OFFICE USE ONLY

Date received: _____
 Birth certificate sighted/copied: YES NO
 Passport sighted/ copied: YES NO
 Visa sighted/ copied: YES NO
 Family Court Order sighted/copied: YES NO
 Immunisation sighted/copied: YES NO
 In Area: _____ Optional Area: _____ Out of Area: _____
 Sibling: YES NO
 Application: Wait Listed

APPLICATION FOR ENROLMENT FORM (CONFIDENTIAL)

DECLARATION

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

Name of child: _____

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 will be checked by the school.

PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname: Legal (if different):	Given names:	Date of Birth:	Gender (M / F):
Year Level Applying For: _____			
Start date: Beginning of school year 20_____			
If applicable, year level child currently enrolled in (e.g. Year 4):			
If applicable, name of school at which the child is currently or was last enrolled:			
Are there any brothers or sisters currently attending this school? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Name/s and year levels:			
1. Child's surname: _____	Given name: _____	Year: _____	
2. Child's surname: _____	Given name: _____	Year: _____	
3. Child's surname: _____	Given name: _____	Year: _____	
Surname of parent/responsible person:	Given names:	Mr / Mrs / Ms / Other:	
Residential Address (must be completed):			Postcode:
Postal Address (if different from residential address):			Postcode:
Telephone (Home):	Mobile Phone No:		
Work:	Email (for acknowledgement of application):		

Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? <div style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div>		
Is the child subject to access restriction? If yes, please specify and attach supporting documentation. <div style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div>		
Is your child currently under suspension from a school? <div style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div> If YES, name of school: _____		
Has your child ever been excluded from a school? <div style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div> If YES, name of school: _____		
Is your child a permanent resident of Australia? <div style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div> If NO, please indicate date entered Australia: _____ Visa Sub Class No.: _____		
Does your child have a disability/medical condition? (Mark the boxes below) <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>		
Physical <input type="checkbox"/> YES <input type="checkbox"/> NO	Intellectual <input type="checkbox"/> YES <input type="checkbox"/> NO	Other medical condition/s <input type="checkbox"/> YES <input type="checkbox"/> NO
Please outline nature of disability/medical condition/s (or attach details).		
_____ _____ _____	_____ _____ _____	_____ _____ _____
Application for Enrolment Approved: _____ (Signature of Principal) _____ (date)		