



# POYNTER PRIMARY SCHOOL

## KINDERGARTEN 2020

### 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.

#### OFFICE USE ONLY

Date received: \_\_\_\_\_  
 DOB Check:  By: \_\_\_\_\_  
 Birth certificate/Passport:  YES  NO  
 Student resides within local intake area  YES  NO  
 Immunisation:  YES  NO  
 Proof of Address:  YES  NO  
 Family Court Order/s:  N/A  YES  NO  
 Visa:  N/A  YES  NO

#### 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: \_\_\_\_\_ 1<sup>st</sup> Name: \_\_\_\_\_ 2<sup>nd</sup> Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Tel (H): \_\_\_\_\_ Tel (W): \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Preferred email: \_\_\_\_\_

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 to this application form.

- Birth Certificate (original or certified copy) or extract or other identity documents if applicable .....
- Immunisation Certificate (from ACIR – Australian Childhood Immunisation Register).....
- Copies of Family Court or any other court orders (if applicable) .....
- Proof of address (A current lease agreement or recent utility account must be provided as evidence of current residential address in our local intake area) .....
- Information relating to disability .....

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

- Date of entry into Australia.....
- Passport or travel documents .....
- 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](mailto: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 .....

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

<b>Child's surname:</b>	Given names:	Date of birth:	
Legal (if different):	Preferred name:	Sex (M / F):	
<b>Surname of parent/guardian #1:</b>	Given names:	Mr / Mrs / Ms / Other:	
Residential Address (must be completed):			Postcode:
Telephone (Home):		Mobile:	
Work (if convenient):		Email:	
<b>Surname of parent/guardian #2:</b>	Given names:	Mr / Mrs / Ms / Other:	
Residential Address (must be completed or as above): <input type="checkbox"/>			Postcode:
Telephone (Home):		Mobile:	
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 provide documentation. <input type="checkbox"/> YES <input type="checkbox"/> NO			
Year Level: <u>Kindy</u> Start date: Beginning of school year <b>2020</b> : <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
Are there or will there be any brothers or sisters attending this school? Name/s and year levels: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is your child a permanent resident of Australia? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, indicate date entered Australia: _____ Visa Sub Class No.: _____ Visa Grant No _____			
Does your child have a disability/medical condition? <input type="checkbox"/> YES <input type="checkbox"/> NO <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> If YES, please specify Disability: Please indicate where you have documentation about your child's disability in any of the following areas. Copies of this documentation will be required for school records <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Severe Mental Disorder <input type="checkbox"/> Deaf or Hard of Hearing <input type="checkbox"/> Global Developmental Delay <input type="checkbox"/> Specific Speech Language Impairment <input type="checkbox"/> Vision Impairment <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Physical Disability If YES, please specify the medical condition: <input type="checkbox"/> ADHD or similar <input type="checkbox"/> Medical Condition other Details _____			
Application for Enrolment approved: _____ (signature of Principal) ___/___/___			