



POYNTER PRIMARY SCHOOL

**PP to Year 6
Enrolling into 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

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.

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: _____

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

Relationship to child: _____

Preferred email: _____

Signature: _____ Date: ____/____/____

*NOTE: Children may be enrolled 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
- Information relating to suspensions or exclusions

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
(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)

Child's surname:	Given names:	Date of birth:	
Legal (if different):	Preferred name:	Sex (M / F):	
Surname of parent/guardian #1:	Given names:	Mr / Mrs / Ms / Other:	
Residential Address (must be completed):			Postcode:
Telephone (Home):		Mobile:	
Work (if convenient):		Email:	
Surname of parent/guardian #2:	Given names:	Mr / Mrs / Ms / Other:	
Residential Address (must be completed or as above):			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: _____ Start date: Beginning of school year 2020 : <input type="checkbox"/> YES <input type="checkbox"/> NO If No, indicate start date: _____			
If applicable, year level child currently enrolled in (e.g. Year 5): <input type="checkbox"/> N/A			
If applicable, name of school at which the child is currently or was last enrolled:			
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 currently under suspension from a school? If YES, name of school: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has your child ever been excluded from a school? If YES, name of school: <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, please indicate date entered Australia: _____ Visa Sub Class No.: _____			
Does the student have a disability? <input type="checkbox"/> YES <input type="checkbox"/> NO 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	
Please advise of any medical conditions: <input type="checkbox"/> ADHD or similar <input type="checkbox"/> Medical Condition other Details:			
Application Approved: _____ (Signature of Principal) _____ / ____ / ____			