

#### **WEST LEEMING PRIMARY SCHOOL**

Westall Terrace LEEMING WA 6149

**In Boundary Application** Kindergarten

OFFICE USE ONLY	
Date received:	
Year Level:	
Birth certificate/Passport/Travel document sighted (Ci	rcle).
AIR immunisation history statement YES	] NO
Student resides within local intake area  YES	] NO
Visa sighted: ☐ YES ☐	] NO
Family Court Order/s:	] NO

# APPLICATION FOR ENROLMENT FORM

(For enrolment in a Western Australian Public School)

Please complete both pages of this document.

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.

ı ne ır	nformation and statements p	provided in this application for	enrolment are true and accurate in rela	tion to:
Name	e of child:			
f app	olying for Kindergarten, I also	declare that this is the ONL	application I have made.	
Name	e of person enrolling child:			
Title:	1 <sup>st</sup> Name:	2 <sup>nd</sup> Name:	Surname:	
Relati <i>Indep</i>	ionship to child: pendent Minors and those aged	18 years or older may apply on	their own behalf)	
Tel (F	H):	Tel (W):	Mobile:	-
Signa	ature:		Date://	
NOTE	: Children may be enrolled in K	(indergarten in one school only, e	either public or private.	
	: Enrolment in Kindergarten door ry year unless the child lives in t		ne same school for the following compulsory	Pre-
			ve to be false or misleading, a decision on th	is
зрриса	alion may be reversed. Imorma	ation supplied may need to be cl	ескей бу те вспоот.	
DOCI	UMENTS TO BE PROVIDED			
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## In Boundary Application Kindergarten

### WEST LEEMING Tel: (08) 9266 6000 PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW) Child's surname: Given names: Date of birth: Sex (M / F): Legal (if different): Mr / Mrs / Ms / Given names: Surname of parent/responsible person: Other: Residential Address (must be completed): Postcode: Nearest intersecting street: Postal Address (if different from residential address): Postcode: Mobile Phone No: Telephone (Home): 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? □ио Is the child subject to access restriction? YES If yes, please specify and attach supporting documentation: Year Level: NO. If NO, indicate start date: Start date: Beginning of school year **20** : YES If applicable, year level child currently enrolled in (e.g. Year 6): If applicable, name of school at which the child is currently or was last enrolled: Immunisation: you are required to provide the school with this information when you apply to enrol your child. Is the child immunised? ☐ YES ☐ NO If yes, does the child have an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two ☐ YES ☐ NO Will there be any brothers or sisters attending this school? | YES | NO Name/s and year levels: Is your child currently under suspension from a school? ☐ YES NO If YES, name of school: Has your child ever been excluded from a school? YES If YES, name of school: Is your child a permanent resident of Australia? YES \_\_\_\_\_ Visa Sub Class No.: \_\_\_\_\_ If NO, please indicate date entered Australia: \_\_\_\_ Does your child have a 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 whether: Intellectual Other medical condition/s Please outline nature of disability/medical condition/s (or attach details). Application for Enrolment approved: \_\_\_\_\_ (Signature of Principal/Delegate) \_\_\_/\_\_ (date)