

WEST LEEMING PRIMARY SCHOOL

Westall Terrace LEEMING WA 6149

Tel: (08) 9266 6000

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

PrePrimary to Year 6

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.

	information and statements provi	ided in this application fo	r enrolment are true and accurate in relation to			
Nan	ne of child:					
lf ap	plying for Kindergarten, I also dec	clare that this is the ONL	Y application I have made.			
Nan	ne of person enrolling child:					
Title	: 1 st Name:	2 nd Name:	Surname:			
Rela (Inde	ationship to child: ependent Minors and those aged 18 y	years or older may apply or	n their own behalf)			
Tel	(H):	Tel (W):	Mobile:			
Sigr	nature:	 	Date://			
ТОИ	E: Children may be enrolled in Kinde	ergarten in one school only,	either public or private.			
NOTE: Enrolment in Kindergarten does not guarantee enrolment at the same school for the following compulsory Preprimary year unless the child lives in the school's local intake are.						
	E : In the event that statements made ication may be reversed. Information		ove to be false or misleading, a decision on this			
<u> </u>	and the second s	. сарриса тај поса то ко с	mooned by the concern			
DO	CUMENTS TO BE PROVIDED					
Che	ecklist:	indicate each document	attached (or sighted) to this application form			
Che Plea *Not head 1. 2. 3. 4. 5.	ecklist: ase place an *'X' in the box to be: If you are typing the information into ding Default value 'Checked' and click Birth Certificate (original or cert if applicable. (Principals will ref provided). Australian Immunisation Regist AIR Immunisation History Form Copies of Family Court or any of Proof of address (see Requeste Information relating to suspensi	to this form, double click the k OK. tified copy) or extract or offer to guidance 3.5.1 of the click (AIR) Immunisation Har, or Immunisation Certification court orders (if append documentation in the ions or exclusions				
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Che Plea *Not head 1. 2. 3. 4. 5. 6. If you 1. 2. 3.	recklist: ase place an *'X' in the box to be: If you are typing the information into thing Default value 'Checked' and clicked. Birth Certificate (original or cert if applicable. (Principals will ref provided). Australian Immunisation Registed AIR Immunisation History Form Copies of Family Court or any of Proof of address (see Requested Information relating to suspension Information relating to disability the curt child was not born in Australia, Date of entry into Australia	to this form, double click the k OK. diffied copy) or extract or offer to guidance 3.5.1 of the country of the country of the country or larger (AIR) Immunisation Certification of the country or larger (if appled documentation in the country or exclusions	e check box and select the radio button under the other identity documents			



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PERSONAL DETAILS (PLEASE PRINT)	ALL DETA	AILS BELOW)							
Child's surname:	Given na	mes:		Date of birth:	Sex (M / F):				
Legal (if different):									
Surname of parent/responsible person:	mes:			Mr / Mrs / Ms / Other:					
Residential Address (must be completed):	Postcode:								
Nearest intersecting street:									
Postal Address (if different from residential a	Postcode:								
Telephone (Home):	Mobile Phone N								
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? YESNO									
Is the child subject to access restriction? If yes, please specify and attach supporting of	□NO								
Year Level: Start date: Beginning of school year 20 : YES NO. If NO, indicate start date:									
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 months old? YES NO									
Will there be any brothers or sisters attending Name/s and year levels:	g this schoo	ol?		YES	□NO				
Is your child currently under suspension from If YES, name of school:	n a school?			YES	□ NO				
Has your child ever been excluded from a so If YES, name of school:	:hool?			YES	□ NO				
Is your child a permanent resident of Australi	ia?			YES	□ NO				
If NO, please indicate date entered Australia: Visa Sub Class No.:									
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:									
Physical Please outline nature of disability/medical co	Intellectundition/s (o		□ o	ther medical con	dition/s				
Application for Enrolment approved:		(Si	gnature of Prin	icipal/Delegate))/ (date)				