



Department of Education

OFFICE USE ONLY	
Date received:	____/____/____
Year Level:	_____
Birth certificate/Passport/Travel document sighted (Circle)	
AIR immunisation history statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student resides within local intake area	<input type="checkbox"/> YES <input type="checkbox"/> NO
Visa sighted:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family Court Order/s:	<input type="checkbox"/> YES <input type="checkbox"/> NO

Application for Enrolment in a Western Australian Public School (Primary)

You must complete a separate enrolment application for each student. You need to complete an enrolment application form if:

- You are enrolling a child in Kindergarten for the following year.
- You are enrolling a child in Pre-primary for the following year.
- You are enrolling a child in Year 7 at a new school for the following year.
- You are enrolling a child transferring from another school in any year level.

Submitting an application for enrolment does not guarantee you will receive a place at the school. The school will notify you in writing of the outcome of your application.

If you are unable to complete this application form, please contact the school for help.

For more information please visit the Department of Education [website](#).

SCHOOL NAME

School name

PERSONAL DETAILS (Please complete all details below)

Child's surname

Legal surname (if different)

Given names

Date of birth (dd/mm/yy) / / Gender Male Female Not Specified

Parent Surname

Parent First Name Title Mr Mrs Ms Other

Residential Address (must be completed) Postcode

Postal Address (if different from residential address) Postcode

Telephone (Home) Telephone (Work) (If convenient)

Mobile Phone No. Email

PERSONAL DETAILS (Continued)

Year Level enrolling in _____ **Start date: Beginning of school year 20**____ **YES** **NO**

If no, indicate start date / /

If applicable, year level your child is currently enrolled in (e.g. Year 6)

If applicable, name of school at which your child is currently or was last enrolled

Are there any Family Court Orders regarding the day to day or long term care, welfare and development of your child?

YES **NO**

Does your child have an Australian Immunisation Register (AIR) Immunisation History Statement?

YES **NO**

If your application is accepted, you will be asked to provide an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old.

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

Is your child a temporary resident? **YES** **NO** If yes, please indicate:

Date entered Australia if born overseas. / /

Visa Sub Class No. _____ Visa expiry date / /

Does your child have health or medical condition, disability or additional needs? **YES** **NO**

This information will assist the school principal in planning to provide the best educational program for your child. Please provide details:

