



APPLICATION FOR ENROLMENT

25 Doveridge Drive, DUNCRAIG WA 6023
Tel: 9378 5678
Email: glengarry.ps@education.wa.edu.au

OFFICE USE ONLY		
Date received:	_____	Entered <input type="checkbox"/>
Proof of address:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Birth certificate / other:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Visa sighted:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Family Court Order:	Yes <input type="checkbox"/> No <input type="checkbox"/>	

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.

KINDERGARTEN – 2025

DECLARATION

The information and statements provided in this application for enrolment are true and accurate in relation to:

Name of child: _____

Year level enrolling: _____ Commencement Date: _____

Name of person enrolling child: _____

Relationship to child: _____
(Independent Minors and those aged 18 years or older may apply on their own behalf)

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

Please place X in to indicate each document is attached to this application form.

- 1. Birth Certificate or extract or other identity documents if applicable
- 2. Copies of Family Court or any other court orders (if applicable)
- 3. Proof of address
- 4. Information relating to suspensions or exclusions
- 5. Information relating to disability

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

- 1. Date of entry into Australia
- 2. Passport or travel documents
- 3. 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 TAFE International Western Australia (TIWA)
- Evidence of the visa for which the student has applied if the student holds a bridging visa.

If your child is accepted, you will be required to hand in an ‘up to date’ copy of their Immunisation History Statement with the Enrolment Form which can be obtained from your Medicare online account via the ‘mygov’ website.

PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname:	Given names:	Date of birth:	Sex (M /F):																																									
Surname of parents/responsible persons:	Given names:	Mr/Mrs/Ms:																																										
	Given names:	Mr/Mrs/Ms:																																										
Residential Address (must be completed):			Postcode:																																									
Nearest intersecting street:																																												
Postal Address (if different from residential address):			Postcode:																																									
Telephone – Home:	Mobile Phone No:																																											
Work (if convenient):																																												
Please enter your email address in BLOCK letters below:																																												
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Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? YES <input type="checkbox"/> NO <input type="checkbox"/>																																												
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:																																												
Will there be any brothers or sisters attending this school? YES <input type="checkbox"/> NO <input type="checkbox"/>																																												
Names and year levels:																																												
Is your child currently under suspension from a school? YES <input type="checkbox"/> NO <input type="checkbox"/>																																												
If YES, name of school:																																												
Has your child ever been excluded from a school? YES <input type="checkbox"/> NO <input type="checkbox"/>																																												
If YES, name of school:																																												
Is your child a permanent resident of Australia? YES <input type="checkbox"/> NO <input type="checkbox"/>																																												
If NO, please indicate date entered Australia: _____ Visa Sub Class No.: _____																																												
VISA GRANT NUMBER _____																																												
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 <input type="checkbox"/> Intellectual <input type="checkbox"/> Other medical condition <input type="checkbox"/> _____																																												
Please outline nature of disability/medical condition (or attach details).																																												