

**WESTERN AUSTRALIAN
GOVERNMENT SCHOOL**

PRE-PRIMARY 20

APPLICATION FOR ENROLMENT (PART A)

OFFICE USE ONLY

Date received: _____

Application accepted not accepted

Commence date: _____ Room: _____ Faction: _____

1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname	Given names	Date of birth	Sex (M/F/X)
Surname of parent/guardian	Given names	Mr/Mrs/Ms	
Residential Address (must be completed)		Postcode	
Nearest intersecting street			
Postal Address (if different from residential address)		Postcode	
Email Address			
Telephone – Home	Work (if convenient)	Mobile Phone No	
Are there any Family Court Orders regarding the day to day or long-term care, welfare and development of the child? Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/>			
If applicable, year level child currently enrolled in (e.g. Year 4)			
If applicable, name of school at which the child is currently or was last enrolled:			
Are there any siblings currently attending this school? Names and year levels:		Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is your child currently under suspension or has ever been excluded from a school? If yes, name of school:		Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	

2. PERMANENT RESIDENT OF AUSTRALIA? Please indicate (✓) YES NO

If no, please indicate date entered Australia: _____ Visa subclass number: _____

3. Has your child been assessed by: Speech Therapist Occupational Therapist Physiotherapist
Psychologist Child Psychiatrist Paediatrician When was their last appointment: _____

When was the last assessment: _____

4. 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 (✓)

Physical
YES NO

Intellectual
YES NO

Other
YES NO

Medical Condition
YES NO

Please outline nature of disability/medical condition: _____

I declare that the information provided on this form is true.

Signature of parent/guardian: _____ Date: _____

Birth certificates, visas and immunisation details will be requested at the time of formal enrolment.