EAST FREMANTLE PRIMARY SCHOOL
8 Forrest St, Fremantle WA 6160
T: 9432 1200
E: eastfremantle.ps@education.wa.edu.au
W: www.eastfremantleps.wa.edu.au

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

2021 PRE-PRIMARY APPLICATION FOR ENROLMENT FORM

(For enrolment in a Western Australian Public School)

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.

DECLARATION

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

Name of person enrolling child:

Title: ____ 1st Name: _____ Surname: _____

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

Tel (H): _____ Tel (W): _____ Mobile: _____

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

Checklist:
Please place an ***'X'** in the box ☒ to indicate each document attached (or sighted) to this application form.
**Note: If you are typing the information into this form, doubleclick the check box and select the radio button under the heading Default value 'Checked' and click OK.*

1. Birth Certificate (original or certified copy) or extract or other identity documents ..... ☐
   if applicable. (Principals will refer to guidance 3.5.1 of the Enrolment Procedures where evidence is not provided).
2. 'Immunisation Certificate' ..... ☐
3. Copies of Family Court or any other court orders (if applicable) ..... ☐
4. Proof of address – 3 documents required (utilities bill, lease agreement, rates notice, phone bill) .. ☐
5. Information relating to suspensions or exclusions ..... ☐
6. 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 Education and Training International (ETI) email: study.eti@dtwd.wa.gov.au
(if holding an International full fee student visa, sub class 571);

or

Evidence of the visa for which the student has applied if the student holds ..... ☐
a bridging visa

PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname Legal (if different):	Given names:	Date of birth:	Sex (M / F):
Surname of parent/responsible person:	Given names:		Mr / Mrs / Ms / Other:
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):	Email:		

Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? ☐ YES ☐ NO

Is the child subject to access restriction? If yes, please specify and attach supporting documentation. ☐ YES ☐ 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 7):

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?
Name/s and year levels: ☐ YES ☐ NO

Is your child currently under suspension from a school?
If YES, name of school: ☐ YES ☐ NO

Has your child ever been excluded from a school?
If YES, name of school: ☐ YES ☐ NO

Is your child a permanent resident of Australia? ☐ 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 ☐ Intellectual ☐ Other medical condition/s

Please outline nature of disability/medical condition/s (or attach details).

Application for Enrolment approved: _____ (signature of Principal) ___/___ /___(date)