

OFFICE USE ONLY

Date received: _____

Year Level: _____



Kindy to Year 12

Salmon Gums Road, KAMBALDA WA 6442
 Telephone (08) 9027 2950 Text Message: 0437 483 680
 Email: KambaldaWest.DHS@education.wa.edu.au

Application for Enrolment In a Western Australian School

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.

STUDENT PERSONAL DETAILS (Please complete all details below)

Surname: _____

Legal Surname (if different): _____

Given Name :

Middle Name:

Preferred Name:

Date of Birth: / /

Gender Male Female Not Specified

Residential Address: _____

_____ Postcode: _____

Telephone (Home):

Mobile:

PARENT PERSONAL DETAILS (Please complete all details below)

Full Name: Miss / Ms / Mrs / Mr

Relationship to student:

Residential Address: _____

_____ Postcode: _____

Telephone (Home):

Mobile:

Email Address:

STUDENT EDUCATION DETAILS

Student's current year level: _____

Proposed state date at KWDHS: _____

STUDENT EDUCATION DETAILS (continued)

Name of school at which your child is currently or was last enrolled at _____

Year enrolled in: _____

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) 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.

Are you applying to enrol your child in a specialist program at this school? Yes No

Name of Specialised program _____

Does the student have siblings at KWDHS? Yes No

Full name of siblings attending this school:

_____	Year Level	_____
_____	Year Level	_____

Is the student an Australian Citizen / Permanent Resident? Yes No

Is the student a temporary resident of Australia? Yes No

Date of arrival in Australia: _____ Visa Sub Class #: _____ Expiry: _____

Does your child have a health or medical condition, disability or additional needs? Yes No

This information will assist the school Principal in planning to provided the best educational program for your child. Please provide details. _____

DECLARATION

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

Name of person enrolling student: Miss / Ms / Mrs / Mr

Relationship to Student:

Telephone (Home):

Mobile:

Email Address:

Signature:

Date:

(Independent minors and those aged 18 years or older may apply on their own behalf.)

Note: In the event that statements made in this application later prove to be false or misleading this application may be declined, information supplied may need to be checked by the school.

DOCUMENTS TO BE PROVIDED

The school will advise you of any additional documentation required.

Checklist: Check the box (✓) to indicate documents you can provide to support this application.

- Birth Certificate or extract or other identify documents
- Copies of Family Court or any other Court Orders (if applicable)
- Proof of address
- Information relating to suspension
- Information relating to health or medical condition, disability or additional needs (if applicable)
- If your child is not a permanent resident of Australia, you must provide evident of current visa subclass and previous visa subclass (if applicable, such as if current visa is a bridging visa)

Please provide any other relevant information.

OFFICE USE ONLY

Documents provided:

- | | |
|--|--|
| <input type="checkbox"/> Birth Certificate or extract or other identify documents | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Copies of Family Court or any other Court Orders | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Proof of address | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Information relating to suspension | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Information relating to health or medical condition, disability or additional needs | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Date application received

/ /

Principal's approval. Application for Enrolment approved Yes No

Principal Name

Signature:

Date: